00 JUL 31 PM 12:57

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
SECRETARY OF THE SENATE
00 JUL 31 PM 12:57

1. NAME OF COMMITTEE (in full)

Friends for Harry Reid

ADDRESS (number and street) ☐ Check if different than previously reported.

P.O. Box 33006

CITY, STATE and ZIP CODE STATE/DISTRICT

Reno, NV 89533

2. FEC IDENTIFICATION NUMBER

C00204370

3. IS THIS REPORT AN AMENDMENT?

☐ YES ☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☒ July 31 Mid-Year Report (Non-election Year Only)

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

☐ Termination Report

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 01/01/2000 through 06/30/2000		
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(e))	$101118.75	$101118.75
	(b) Total Contribution Refunds (From Line 20(d))	$4500.00	$4500.00
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	$96618.75	$96618.75
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	$22561.11	$22561.11
	(b) Total Offsets to Operating Expenditures (from Line 14)	$1021.90	$1021.90
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	$21539.21	$21539.21
8.	Cash on Hand at Close of Reporting Period (from Line 27)	$76099.52	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$0.00	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Cliff Beadle

Signature of Treasurer: [signature], assistant treasurer

Date: 7/21/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §437g.

FEC FORM 3
(Revised 4/87)