REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 10 P 1:51

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00120006 090600 F 282
ALLEN L PETERSON
MINNESOTA LIFE INSURANCE COMPA
NY PAC
400 ROBERT STREET NORTH
ST PAUL MN 55101

2. FEC IDENTIFICATION NUMBER
C 00120006

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[X] October 15 Quarterly Report
[ ] January 31 Year End Report
[ ] July 31 Mid Year Report (Non-election Year Only)
[ ] Termination Report

Monthly Report Due On:
[ ] February 20 [ ] June 20 [ ] October 20
[ ] March 20 [ ] July 20 [ ] November 20
[ ] April 20 [ ] August 20 [ ] December 20
[ ] May 20 [ ] September 20 [ ] January 31

[ ] 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

[ ] 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-00 through 9-30-00		
6. (a) Cash on Hand January 1, 2000		$ 31,285.44
(b) Cash on Hand at Beginning of Reporting Period	$ 27,535.44	
(c) Total Receipts (from Line 19)	$ 5,465.00	$ 17,215.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 33,000.44	$ 48,500.44
7. Total Disbursements (from Line 30)	$ 5,000.00	$ 20,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 28,000.44	$ 28,000.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ —	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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: Allen L Peterson

Signature of Treasurer: Allen L Peterson

Date: 10-2-00

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: MINNESOTA LIFE INSURANCE COMPANY PAC

REPORT COVERING PERIOD FROM 7-1-00 TO: 9-30-00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3,990.00	8,505.00	11(a)(i)
ii. Unitemized	1,475.00	8,710.00	11(a)(ii)
iii. Total (add i and ii) ➤	5,465.00	17,215.00	11(a)(iii)
b. Political Party Committees	—	—	11(b)
c. Other Political Committees (such as PACs)	—	—	11(c)
d. Total Contributions (add a iii, b and c) ➤	5,465.00	17,215.00	11(d)
12. Transfers From Affiliated/Other Party Committees	—	—	12
13. All Loans Received	—	—	13
14. Loan Repayments Received	—	—	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	—	—	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	—	—	16
17. Other Federal Receipts (Dividends, Interest, etc.)	—	—	17
18. Transfers from Nonfederal Account for Joint Activity	—	—	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5,465.00	17,215.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5,465.00	17,215.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	—	—	21(a)(i)
i. Federal Share	—	—	21(a)(ii)
ii. Non-Federal Share	—	—	21(b)
b. Other Federal Operating Expenditures	—	—	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	—	—	22
22. Transfers to Affiliated/Other Party Committees	5,000.00	20,500.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	—	—	24
24. Independent Expenditures (use Schedule E)	—	—	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	—	—	26
26. Loan Repayments Made	—	—	27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	—	—	28(a)
b. Political Party Committees	—	—	28(b)
c. Other Political Committees (such as PACs)	—	—	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	—	—	28(d)
29. Other Disbursements	—	—	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,000.00	20,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,000.00	20,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5,465.00	17,215.00	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,465.00	17,215.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	—	—	35
36. Offsets to Operating Expenditures (from line 15)	—	—	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	—	—	37

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 5

FOR LINE NUMBER 11al

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Anderson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
George Connolly Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 450.00	Payroll Deduction	$150.00 ($50 Monthly)
Janean Cordon Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
Guy deLambert Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
Jean Delaney Nelson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
Sue Ebertz Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 360.00	Payroll Deduction	$120.00 ($40 Monthly)
Frederick Feuerherm Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Vice President Aggregate Year-to-Date > $ 450.00	Payroll Deduction	$150.00 ($50 Monthly)

SUBTOTAL of Receipts This Page (optional) $900.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 5

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Frank Fitzpatrick Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance Occupation: Second Vice President	Payroll Deduction	$120.00 ($40 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 360.00		
B. George Freinder Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance Occupation: Second Vice President	Payroll Deduction	$120.00 ($40 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 360.00		
C. Jaymes Hubbell Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance Occupation: Vice President	Payroll Deduction	$120.00 ($40 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 360.00		
D. Michael Kellett Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance Occupation: Vice President	Payroll Deduction	$150.00 ($50 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 450.00		
E. Richard Lee Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance Occupation: Vice President	Payroll Deduction	$150.00 ($50 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 450.00		
F. Richard Menke Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance Occupation: Vice President	Payroll Deduction	$120.00 ($40 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 360.00		
G. Lynne Mills Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance Occupation: Second Vice President	Payroll Deduction	$120.00 ($40 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 360.00		

SUBTOTAL of Receipts This Page (optional) $900.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
Minnesota Life Insurance Company PAC

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Olafson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$150.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		($50 Monthly)
	Aggregate Year-to-Date > $	450.00	
Dianne Orbison Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$120.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	360.00	
William Steffes Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$120.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Second Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	360.00	
Anthony Thomas Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$120.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Second Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	360.00	
Nancy Winter Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$120.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Second Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	360.00	
William Bushlack Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$120.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sales Manager		($40 Monthly)
	Aggregate Year-to-Date > $	360.00	
Mark Cummings Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$120.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sales Manager		($40 Monthly)
	Aggregate Year-to-Date > $	360.00	

SUBTOTAL of Receipts This Page (optional) $870.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (in Full)
Minnesota Life Insurance Company PAC

A. Full Name, Mailing Address and ZIP Code Vincent Giordano Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $120.00 ($40 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sales Manager		
	Aggregate Year-to-Date > $	360.00	
B. Full Name, Mailing Address and ZIP Code William Klanderman Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $135.00 ($45 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Second Vice President		
	Aggregate Year-to-Date > $	405.00	
C. Full Name, Mailing Address and ZIP Code Catherine McCarty Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $120.00 ($40 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sales Manager		
	Aggregate Year-to-Date > $	360.00	
D. Full Name, Mailing Address and ZIP Code David McClafferty Jr. Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $120.00 ($40 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sales Manager		
	Aggregate Year-to-Date > $	360.00	
E. Full Name, Mailing Address and ZIP Code Fran Mertens Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $120.00 ($40 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Regional Vice President		
	Aggregate Year-to-Date > $	360.00	
F. Full Name, Mailing Address and ZIP Code Charles Peterson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $120.00 ($40 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Regional Vice President		
	Aggregate Year-to-Date > $	360.00	
G. Full Name, Mailing Address and ZIP Code Bruce Shay Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $120.00 ($40 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Sales Manager		
	Aggregate Year-to-Date > $	360.00	
SUBTOTAL of Receipts This Page (optional)			$855.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)
Minnesota Life Insurance Company PAC

A. Full Name, Mailing Address and ZIP Code David Underdale Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $120.00 ($40 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Regional Vice President		
	Aggregate Year-to-Date > $	360.00	
B. Full Name, Mailing Address and ZIP Code Ron Zickert Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $120.00 ($40 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Regional Vice President		
	Aggregate Year-to-Date > $	360.00	
C. Full Name, Mailing Address and ZIP Code Richard Dominik Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $75.00 ($25 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Director		
	Aggregate Year-to-Date > $	225.00	
D. Full Name, Mailing Address and ZIP Code Mary Anne Kluck Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $75.00 ($25 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Director		
	Aggregate Year-to-Date > $	225.00	
E. Full Name, Mailing Address and ZIP Code Ronald Sandquist Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $75.00 ($25 Monthly)
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Director		
	Aggregate Year-to-Date > $	225.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$465.00
TOTAL This Period (last page this line number only)	$3,990.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
Minnesota Life Insurance Company PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement this Period
A. Novak for Congress 151 Silver Lake Road New Brighton, MN 55112	Steve Novak, House candidate, 4th MN YTD Contributions $2,500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/06/00	$1,500.00
B. Coleman for Congress P O Box 7637 St. Paul, MN 55107	Chris Coleman, House candidate, 4th MN YTD Contributions $4,500.00 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	09/06/00	$1,500.00
C. Gutknecht for Congress 1449 12th Avenue NE Rochester, MN 55906	Gil Gutknecht, House candidate, 1st MN YTD Contributions $2,000.00 Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	09/26/00	$2,000.00
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	$5,000.00
TOTAL This Period (last page this line number only)	$5,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 10/04/00
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

10/10/00
DATE PREPARED

(6/2000)