REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Participation 2000

ADDRESS (number and street) ☐ Check if different than previously reported
322 Massachusetts Avenue, NE

CITY, STATE and ZIP CODE
Washington, D.C. 20002

2. FEC IDENTIFICATION NUMBER
C00221887

3. ☐ 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

☐ 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

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

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

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11-29-94 through 12-31-94		
6. (a) Cash on Hand January 1, 1994		$ 58.84
(b) Cash on Hand at Beginning of Reporting Period	$ 327.68	
(c) Total Receipts (from Line 19)	$ 2,720.00	$ 119,420.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3,047.68	$ 119,479.73
7. Total Disbursements (from Line 30)	$3,028.06	$119460.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 19.62	$ 19.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 3,297.67	

For further information contact:
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
Sean Fuehrer, Assistant Treasurer

Signature of Treasurer

Date 1-31-95

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)

95031130

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

(revised 1/1/91)

NAME OF COMMITTEE: Participation 2000, IN.c

REPORT COVERING PERIOD FROM 11-29-94 TO: 12-31-94

	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)	2150.00	70,675.00	11(a)(i)
ii. Unitemized	570.00	12,453.00	11(a)(ii)
iii. Total (add i and ii) ➤		83,128.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)		35,100.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	2720.00	118,228.00	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.)		1,192.89	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) ➤	2,720.00	119,420.89	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,720.00	119,420.89	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	2,265.06	80,244.24	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	2,265.06	80,244.24	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	144.00	24,196.48	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		2,650.00	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) ➤		2,650.00	28(d)
29. Other Disbursements	619.00	12,369.39	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,028.06	119,460.11	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3,028.06	119,460.11	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2720.00	118,228.00	32
33. Total Contribution Refunds (from line 28d)	-0-	2,650.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2720.00	115,578.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	2265.06	80,244.24	35
36. Offsets to Operating Expenditures (from line 15)	-0-	1192.89	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	2265.06	79,051.35	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a

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)
Participation 2000, inc.

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Ronald Dobbins 8200 E. Jefferson Ave, NO. 1508 Detroit, Michigan 48214 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	United American Health Occupation: CEO Aggregate Year-to-Date: $4,000.00	12-6-94	1,500.00
B. Jacqueline Grindrod 534 Union Blvd. TOtowa, NJ 07512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date: $ 400.00	12-16-94	200.00
C. Dennis Martin 818-15th Street, #2 Santa Monica, CA. 90403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $ 200.00	12-21-94	100.00
D. William J. Robinson 510 A Street, NE Washington, D.C. 20002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mcwilliams, Cosgrove, Smith, Synder & Robinson Occupation: Consultant Aggregate Year-to-Date: $400.00	12-14-94	200.00
E. Misa Schagane 126 Elm Street, APt. 103 San Mateo, CA. 94401 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Monroe Schneider & Associates Occupation: Account Executive Aggregate Year-to-Date: $ 200.00	12-12-94	100.00
F. bruce Kieloch 2494Windbreak Drive Alexandria, VA. 22306 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Consultant Aggregate Year-to-Date: $ 350.00	12-7-94	50.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 2150.00

95039 11 492

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 21

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)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
At&T Lease P.O. Box 9104 Framingham,MA. 01701	Computer Lease	12-1-94	352.00
U.S. POstmaster Washington, D.C.	Postage	12-1-94	43.50
U.S. Sprint P.O. Box 650353 Dallas, TX. 75265-0353	Phone	12-6-94	329.61
320 Mass. Ave Associates 1725 K Street, NW Washington, D.C. 20006	Rent	12-7-94	475.00
David Andrukitis, Inc. Majority Room, Rayburn Building Washington, D.C.	Printing	12-7-94	199.00
C&P Telephone P.O. Box 646 Baltimore, MD	Phone	12-15-94	91.74
Sean Fuehrer 11528 Olde Tiverton Circle APt. 201 Reston, VA. 22094	Salary	12-25-94	605.21
U.S. POstmaster Washingtnon,D.C.	Postage	12-28-94	29.00
Gilbert & Wolfand, P.C. 2201 Wisconsin Ave, NW Washington, D.C. 20007	Accounting	12-30-94	140.00

SUBTOTAL of Disbursements This Page (optional) 2265.06

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21

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)
Participation 2000, Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Specialty Tours 3033 S. Parker Road, Suite 328 Aurora, CO. 80014	Travel	12-7-94	513.00 (memo In-Kind)
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Michael York 460 Madison Ave TOms River, NJ 08753	Travel, Eastin For Supt. of Public Ed. (CA)	12-7-94	269.00 (In-KIND)
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Linda Hsu 1451 E. 55th ST, #718 N Chicago, IL. 60637	Travel, Netsch for Governor (IL)	12-7-94	100.00 (In-KIND)
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Stephanie Langer 1325 15th Street, NW #703 Washington, D.C. 20005	Travel, Shepherd for Congress(UT-2) (1,644.00-YTD)	12-7-94	144.00 (IN-KIND)
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
I. Full Name, Mailing Address and ZIP Code	**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) 513.00

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

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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)
Participation 2000

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Michael York 460 Madison Ave Toms River, NJ 08753	compensation, Eastin for Supt. of Public Inst. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12-15-94	250.00 (In-Kind)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	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) 250.00

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

4-00173

Page 1 of 1 for LINE NUMBER
(Use separate schedules for each numbered line)

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Participation 2000				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Perkins Coie 607 Fourteenth Street, NW Washington, D.C. 20005	1087.53	423.64	-0-	1511.17
Nature of Debt (Purpose): Legal				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor National 4-H Center c/o Crestar Bank P.O.Box 79325 Baltimore, MD. 21279-0235	-0-	800.35	-0-	800.35
Nature of Debt (Purpose): Rental				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Aramark Corporation 15000 Conference Ctr. Drive Chantilly, Virginia 22021	-0-	986.15	-0-	986.15
Nature of Debt (Purpose): Catering				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	3,297.67
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	3,297.67

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 1-31-95
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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

PREPARER

1-31-95
DATE PREPARED

FEC FORM 70-2 (12/92)

9503911487