

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APRIL
2000 MAY 17 P 2:13

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Toby Roth for Congress 1996 Committee		2. FEC IDENTIFICATION NUMBER COO 140350 101998
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 512 W. College Avenue		
CITY, STATE and ZIP CODE Appleton, WI 54911		
3. <input type="checkbox"/> 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

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 NO

SUMMARY

5. Covering Period <u>Jan. 1, 2000</u> through <u>March 31, 2000</u>		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 2000 2000		\$126,138.95
(b)	Cash on Hand at Beginning of Reporting Period	\$126,138.95	
(c)	Total Receipts (from Line 19)	\$2,436.46	\$2,436.46
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$128,575.41	\$128,575.41
7.	Total Disbursements (from Line 30)	\$10,689.79	\$10,689.79
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$117,885.62	\$117,885.62
9.	Debts and Obligations Owed TO 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
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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 _____

Signature of Treasurer

John A. Kennedy

Date

4-13-2000

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 4/99)