REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

SECRETARY OF THE SENATE
00 NOV -1 PM 5:53

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Trent Lott for Mississippi

ADDRESS (number and street) ☐ Check if different than previously reported.
P.O. Box 22824

CITY, STATE and ZIP CODE
Jackson, MS 39225

STATE/DISTRICT

2. FEC IDENTIFICATION NUMBER
C00219220

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)

☒ 12-Day Pre-Election Report for the General (Type of Election) election on 11/7/00 in the ~~State of~~ U.S.
☐ 30-Day Post-Election 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 10/1/00 through 10/18/00		
6.	Net Contributions (other than loans)		
(a)	Total Contributions (other than loans) (from Line 11(e))	62,537.00	1,320,923.92
(b)	Total Contribution Refunds (from Line 20(d))	0.00	49,339.00
(c)	Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	62,537.00	1,271,584.92
7.	Net Operating Expenditures		
(a)	Total Operating Expenditures (from Line 17)	421,439.25	1,855,861.93
(b)	Total Offsets to Operating Expenditures (from Line 14)	2,824.00	13,668.04
(c)	Net Operating Expenditures (subtract Line 7(b) from 7(a))	418,615.25	1,842,193.89
8.	Cash on Hand at Close of Reporting Period (from Line 27)	1,435,614.63	
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
George A. Schloegel

Signature of Treasurer
[signature]

Date
11/1/00

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 3
(revised 4/97)

FEC/AN098POF

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 14

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)
Trent Lott for Mississippi

A. Full Name, Mailing Address and ZIP Code R.J. Reynolds 1455 Pennsylvania Avenue, NW Suite 925 Washington, DC 20004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Voided check (re-issued on 10/5/00. See Schedule B, Line 17) Page 6 of 8) Occupation Aggregate Year-to-Date > $	Date (month, day, year) 10/5/00	Amount of Each Receipt this Period 2,824.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts **This** Page (optional)	2,824.00
TOTAL This Period (last page this line number only)	2,824.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

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)

Trent Lott for Mississippi

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Mississippi Republican Party P.O. Box 60 Jackson, MS 39205	Transfer of Surplus Funds Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/12/00	50,000.00
B. Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 Second Street, NE Washington, DC 20002	Purpose of Disbursement Transfer of surplus funds. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/05/00	Amount of Each Disbursement This Period 200,000.00
C. Full Name, Mailing Address and ZIP Code CSX Corporation 1331 Pennsylvania Avenue, NW Suite 560 Washington, DC 20004	Purpose of Disbursement In-kind contribution to Rick Santorum for U.S. Senate (PA)Airfare below) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/12/00	Amount of Each Disbursement This Period 1,000.00 (see memo entry
D. Full Name, Mailing Address and ZIP Code Santorum 2000 P.O. Box 10495 Pittsburgh, PA 15234	Purpose of Disbursement Travel expense - airfare US Senate - PA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/12/00	Amount of Each Disbursement This Period 1,000.00 (memo entry)
E. Full Name, Mailing Address and ZIP Code Comcast Corporation 1500 Market Street Philadelphia, PA 19102	Purpose of Disbursement In-kind contribution to Bob Franks for U.S. Senate (NJ) Airfare below) Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/12/00	Amount of Each Disbursement This Period (see memo entry 1,000.00
F. Full Name, Mailing Address and ZIP Code Bob Franks for Senate 310 West Westfield Avenue Roselle Park, NJ 07204	Purpose of Disbursement Travel expense - airfare US Senate NJ Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 10/12/00	Amount of Each Disbursement This Period 1,000.00 (memo entry)
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)	252,000.00
TOTAL This Period (last page this line number only)	252,000.00

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GARY SISCO
SECRETARY

PAMELA G. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: 202-224-6132

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

X **HAND DELIVERED** 11-1-00
Date of Receipt

____ **FAX (48-HOUR NOTICES)**_____
Date of Receipt

____ **INSIDE MAIL**_____
Date of Receipt

____ **RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER** _____
Date of Receipt

____ **RECEIVED FROM THE FEDERAL ELECTION COMMISSION**_____
Date of Receipt

____ **FIRST CLASS MAIL**_____
Postmarked

____ **REGISTERED/CERTIFIED MAIL**_____
Postmarked

____ **NO POSTMARK** ____ **POSTMARK ILLEGIBLE**

____ **OTHER (Specify):**_____
____ **AIRBORNE EXPRESS**
____ **EXPRESS MAIL**
____ **FEDERAL EXPRESS**
____ **UPS**
_____
Postmark and/or Date of Receipt

R.D. 11-1-00
Preparer **Date Prepared**