REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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FEC MAIL ROOM
2000 OCT 25 A 10: 14

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): Buck McKeon for Congress

ADDRESS (number and street) [x] Check if different than previously reported: 24265 San Fernando Road

CITY, STATE and ZIP CODE: Santa Clarita, 91321

STATE/DISTRICT: CA/25

2. FEC IDENTIFICATION NUMBER: C00258244

3. IS THIS REPORT AN AMENDMENT? [ ] YES [x] 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)

[x] 12-Day Pre-Election Report for the General (Type of Election) election on 11-07-00 in the State of CA

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

[ ] Termination Report

This report contains activity for: [ ] Primary Election [X] General Election [ ] Special Election [ ] Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-01-00 through 10-18-00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	$27,536.00	$368,218.50
(b) Total Contribution Refunds (from Line 20(d))	500.00	1,875.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$27,036.00	$366,343.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$43,735.70	$260,282.22
(b) Total Offsets to Operating Expenditures (from Line 14)	1,500.00	4,737.50
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$42,235.70	$255,544.72
8. Cash on Hand at Close of Reporting Period (from Line 27)	$272,969.78	
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)	-0-	

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: Patricia McKeon, Assistant Treasurer

Signature of Treasurer: [signature] Date: 10-19-00

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 4/87)

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