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)

C00103010 121500 P
JOHN H LUBBEN
MAYTAG CORPORATION EMPLOYEES F
OR GOOD GOVERNMENT FUND (FKA)
403 N. 4TH ST. N.
NEWTON IA 50208

RECEIVED
FEC MAIL ROOM
2001 JAN 22 A 10: 12

2. FEC IDENTIFICATION NUMBER
C00103010

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

☐ 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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/28/00 through 12/31/00		
6. (a) Cash on Hand January 1, NX 2000		$ 8,927.31
(b) Cash on Hand at Beginning of Reporting Period	$ 567.80	
(c) Total Receipts (from Line 19)	$ 1,990.41	$ 13,492.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 2,558.21	$ 22,420.21
7. Total Disbursements (from Line 30)	$ 1,000.00	$ 20,862.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1,558.21	$ 1,558.21
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
JOHN H. LUBBEN

Signature of Treasurer
John H Lubben

Date
1/17/01

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)

FEC/AN088

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

(revised 1/1/91)

NAME OF COMMITTEE: C00103010
MAYTAG CORPORATION EMPLOYEES FOR GOOD GOVERNMENT FUND

REPORT COVERING PERIOD FROM 11/26/00 TO: 12/31/00

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	704.68	1,689.68	11(a)(i)
i. Itemized (use Schedule A)	1,284.97	11,732.63	11(a)(ii)
ii. Unitemized	1,989.65	13,422.31	11(a)(iii)
iii. Total (add i and ii) ➤			11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)	1,989.65	13,422.31	11(d)
d. Total Contributions (add a iii, b and c) ➤			12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	.76	70.59	17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity	1,990.41	13,492.90	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,990.41	13,492.90	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
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	1,000.00	20,850.00	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:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤		12.00	29
29. Other Disbursements	1,000.00	20,862.00	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1,000.00	20,862.00	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,989.65	13,422.31	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,989.65	13,422.31	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

FOR LINE NUMBER 11(a)(i)

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)

MAYTAG CORPORATION EMPLOYEES FOR GOOD GOVERNMENT FUND C00103010

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
D. C. HORSTMAN 5932 INNISVALE DR FAIRFAX STATION, VA 22039 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG CORPORATION MAYTAG MANAGEMENT Aggregate Year-to-Date $ 600.00	PAYROLL DEDUCTION	$ 100.00 ($50 Monthly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. L. LOCH 1740 STANFORD CT ACAD WOODS LAKE FOREST, IL 60045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG CORPORATION MAYTAG MANAGEMENT Aggregate Year-to-Date $ 480.00	PAYROLL DEDUCTION	$ 80.00 ($40 MONTHLY)
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
J. L. LOVATO 5393 LUPINE YORBA LINDA, CA 92686 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG CORPORATION MAYTAG MANAGEMENT Aggregate Year-to-Date $ 360.00	PAYROLL DEDUCTION	$ 60.00 ($30 MONTHLY)
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
J. C. COOPER 5 LARCHWOOD COURT NEWTON, IA 50208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG CORPORATION MAYTAG MANAGEMENT Aggregate Year-to-Date $ 300.00	PAYROLL DEDUCTION	$ 50.00 ($25 MONTHLY)
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
L. S. DRAGOMIER 9370 GANS AVE NE NO CANTON, OH 44721 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG CORPORATION MAYTAG MANAGEMENT Aggregate Year-to-Date $ 300.00	PAYROLL DEDUCTION	$ 50.00 ($25 MONTHLY)
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. D. LONG 124 BALDCYPRSSS CT AIKEN, SC 29803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG CORPORATION MAYTAG MANAGEMENT Aggregate Year-to-Date $ 300.00	PAYROLL DEDUCTION	$ 50.00 ($25 MONTHLY)
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
G. J. PRIBANIC 1736 NW 120th ST CLIVE, IA 50325 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG CORPORATION MAYTAG MANAGEMENT Aggregate Year-to-Date $ 225.00	PAYROLL DEDUCTION	$ 0

SUBTOTAL of Receipts This Page (optional) ..... $ 390.00

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

FEC/AN099

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

MAYTAG CORPORATION EMPLOYEES FOR GOOD GOVERNMENT FUND C00103010

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
D. G. HUMMEL 6875 HARBOR DR NW CANTON, OH 44718 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG CORPORATION MAYTAG MANAGEMENT Aggregate Year-to-Date > $ 220.00	PAYROLL DEDUCTION	$ 20.00 ($20 MONTHLY)
B. Full Name, Mailing Address and ZIP Code T A BRIATICO 1908 PARTRIDGE CLEVELAND, TN 37311 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG CORPORATION MAYTAG MANAGEMENT Aggregate Year-to-Date > $ 240.00	PAYROLL DEDUCTION	$ 40.00 ($20 monthly)
C. Full Name, Mailing Address and ZIP Code D.C HUFFER 264 WILLOW LAKE DR AIKEN, SC 29601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG CORPORATION MAYTAG MANAGEMENT Aggregate Year-to-Date > $ 240.00	PAYROLL DEDUCTION	$ 40.00 ($20 MONTHLY)
D. Full Name, Mailing Address and ZIP Code D W MCNILLAN 1315 N 8th St N NEWTON, IA 50208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG MANAGEMENT MAYTAG MANAGEMENT Aggregate Year-to-Date > $ 240.00	PAYROLL DEDUCTION	$ 40.00 ($20 MONTHLY)
E. Full Name, Mailing Address and ZIP Code F E WITTMAN 5532 SEVERN CR NW CANTON, OH 44708 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG CORPORATION MAYTAG MANAGEMENT Aggregate Year-to-Date > $ 240.00	PAYROLL DEDUCTION	$ 40.00 ($20 MONTHLY)
F. Full Name, Mailing Address and ZIP Code J K COOK 10 ARBOR DR CARTERVILLE, IL 62918 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG CORPORATION MAYTAG MANAGEMENT Aggregate Year-to-Date > $ 216.71	PAYROLL DEDUCTION	$ 33.34 ($16.67 MONTHLY)
G. Full Name, Mailing Address and ZIP Code P S ALLEN 1100 WOODLAND DR NEWTON, IA 50208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MAYTAG CORPORATION MAYTAG MANAGEMENT Aggregate Year-to-Date > $ 207.96	PAYROLL DEDUCTION	$ 34.66 ($17.33 MONTHLY)

SUBTOTAL of Receipts This Page (optional) > $ 248.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(g)(i)

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NAME OF COMMITTEE (in Full)

MAYTAG CORPORATION EMPLOYEES FOR GOOD GOVERNMENT FUND C00103010

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W J DENGLER 5712 PINEY LANE DR TAMPA, FL 33625	MAYTAG CORPORATION Occupation: MAYTAG MANAGEMENT	PAYROLL DEDUCTION	$ 33.34 ($16.67 MONTHLY)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.04		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
J P TOLSON 2510 S 6TH ST APT C-21 MARSHALLTOWN, IA 50158	MAYTAG CORPORATION Occupation: MAYTAG MANAGEMENT	PAYROLL DEDUCTION	$ 33.34 ($16.67 MONTHLY)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.04		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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**
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > $ 66.68

TOTAL This Period (last page this line number only) > $ 704.68

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)

MAYTAG CORPORATION EMPLOYEES FOR GOOD GOVERNMENT FUND C00103010

A. Full Name, Mailing Address and ZIP Code HAGEL FOR SENATE P O BOX 241497 OMAHA, NE 68124	Purpose of Disbursement CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 12/20/00	Amount of Each Disbursement This Period $ 1,000.00
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)	
TOTAL This Period (last page this line number only)	$ 1,000.00

FE0AN009

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
☑	Registered/Certified Mail	POSTMARKED (R/C) 1/17/01
☐	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	

BV
PREPARER

1/22/01
DATE PREPARED

(6/2000)