

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEC MAIL ROOM

For Other Than An Authorized Committee
(Summary Page)

1000 JUL -3 P 1:42

USE FEC MAILING LABEL
OR
TYPE OR PRINT

Committee information section containing: CD0346403, 030800, EDWARD WREN, ASSOCIATED HIGHWAY PATROLMAN D, F. ARIZONA, 1240 E MISSOURI, PHOENIX, AZ 85014. Includes fields for FEC Identification Number and a checkbox for multi-candidate committees.

4. TYPE OF REPORT

- (a) [X] 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 [X] NO

Table with columns: SUMMARY, COLUMN A This Period, and COLUMN B Calendar Year-to-Date. Rows include: Covering Period 1/1/00 through 3/31/00; (a) Cash on Hand January 1, 1999; (b) Cash on Hand at Beginning of Reporting Period; (c) Total Receipts; (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B); Total Disbursements; Cash on Hand at Close of Reporting Period; Debts and Obligations Owed TO the Committee; Debts and Obligations Owed BY the Committee.

Signature section containing: 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: EDWARD WREN. Signature of Treasurer: Edward Wren. Date: 4/27/00.

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 3X

(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>ASSOCIATED HIGHWAY PATROLMEN OF ARIZONA</b>		REPORT COVERING PERIOD	
		FROM <b>1/1/00</b>	TO: <b>3/31/00</b>
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)		
ii.	Unitemized	\$ 7,140.00	\$37,403.00
iii.	Total (add i and ii) >		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a iii, b and c) >	\$ 7,140.00	\$37,403.00
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)		
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$ 7,140.00	\$37,403.00
20.	Total Federal Receipts (subtract line 18 from line 19) >	\$7,140.00	\$37,403.00
*Funds received from payroll deductions -- individual accounts under \$200.00 II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share	\$ 4,776.99	\$20,080.34
b.	Other Federal Operating Expenditures	\$ 4,776.99	\$20,080.34
c.	Total Operating Expenditures (add a i, a ii, and b) >		
22.	Transfers to Affiliated/Other Party Committees	\$ 2,000.00	\$ 7,000.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees		
24.	Independent Expenditures (use Schedule D)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds (add a, b and c) >	\$ 3,756.00	\$11,508.00
29.	Other Disbursements	\$10,532.99	\$38,588.34
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	\$10,532.99	\$38,588.34
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >		
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans) (from line 11d)	\$ 7140.00	\$37,403.00
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans) (subtract line 33 from 32)	\$ 7,140.00	\$37,403.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	\$ 4,776.99	\$20,080.34
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures (subtract line 36 from 35) >	\$4,776.99	\$20,080.34

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **1** OF **2**

FOR LINE NUMBER **216**

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)  
**ASSOCIATED HIGHWAY PATROLMEN OF ARIZONA**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<b>Cellular One</b>	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>cell phone</b>	<b>1/5/00</b>	<b>\$ 72.96</b>
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Constitutional Dinner</b> <b>Unknown</b> <b>Phoenix, AZ 85000</b>	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Fundraiser</b>	<b>1/20/00</b>	<b>\$ 250.00</b>
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Cellular One</b>	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>cell phone</b>	<b>2/1/00</b>	<b>\$ 75.53</b>
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Cellular One</b>	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>cell phone</b>	<b>2/2/00</b>	<b>\$ 219.00</b>
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>AZ Professional Police Officer Assoc.</b> <b>5033 N. 19th Avenue, #108</b> <b>Phoenix, AZ 85015</b>	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>contract fee</b>	<b>2/3/00</b>	<b>\$1,000.00</b>
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>City of Tempe</b> <b>131 E. 5th Street</b> <b>Tempe, AZ 85281</b>	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>fees</b>	<b>2/4/00</b>	<b>\$ 40.00</b>
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Cellular One</b>	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>cell phone</b>	<b>3/3/00</b>	<b>\$ 76.85</b>
<b>H. Full Name, Mailing Address and ZIP Code</b> <b>Abacus Executive Suite</b> <b>3030 N. 3rd Street, Suite 200</b> <b>Phoenix, AZ 85012</b>	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>SEC SERVS</b>	<b>3/3/00</b>	<b>\$ 418.40</b>
<b>I. Full Name, Mailing Address and ZIP Code</b> <b>Cellular One</b>	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>cell phone</b>	<b>3/28</b>	<b>\$ 706.54</b>

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	<b>\$2,859.28</b>
<b>TOTAL This Period (last page this line number only)</b> .....	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 216

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)

ASSOCIATED HIGHWAY PATROLMEN OF ARIZONA

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Arizona Special Olympics 3816 N. 7th Street Phoenix, AZ 85014	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) contribution	3/28/00	\$ 250.00
B. Full Name, Mailing Address and ZIP Code Arizona Hotel & Motel Assoc 1240 E. Missouri Phoenix, AZ 85014	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) rent	1/24/00	\$ 657.91
C. Full Name, Mailing Address and ZIP Code Arizona Hotel & Motel Association 1240 E. Missouri Phoenix, AZ 85014	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) rent	3/24/00	\$673.20
D. Full Name, Mailing Address and ZIP Code Arizona Hotel & Motel Assoc 1240 E. Missouri Phoenix, AZ 85014	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) rent	3/28/00	\$ 336.60
E. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$1,917.71

TOTAL This Period (last page this line number only)

\$4,776.99

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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)  
ASSOCIATED HIGHWAY PATROLMEN OF ARIZONA

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kolbe 2000 P.O. Box 31568 Tucson, AZ 85750	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/00	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Bob Stump P.O. Box 130 Tolleson, AZ 85353	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/25/00	\$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$2,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2  
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)  
ASSOCIATED HIGHWAY PATROLMEN OF ARIZONA

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jeff Grosbeck 2000 P.O. Box 8431 Phoenix, AZ 85000	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/5/00	\$1,250.00
B. Full Name, Mailing Address and ZIP Code Bowers Election Committee 8531 E. Quill Mesa, AZ 85000	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/5/00	\$ 500.00
C. Full Name, Mailing Address and ZIP Code Friends for Bundgaard 5511 West Northwood Drive Glendale, AZ 85000	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/6/00	\$ 200.00
D. Full Name, Mailing Address and ZIP Code Comm to Elect Mike Gardner 810 W. Diamond Tempe, AZ 85000	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/5/00	\$ 200.00
E. Full Name, Mailing Address and ZIP Code Hatch-Miller 2000 4055 E. Kelm Drive Paradise Valley, AZ 85253	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/6/00	\$ 200.00
F. Full Name, Mailing Address and ZIP Code Comm to Elect Marilyn Jarrett 4228 E. Hope Mesa, AZ 85000	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/6/00	\$ 200.00
G. Full Name, Mailing Address and ZIP Code Knaperek 2000 Campaign 2028 E. Carmen Street Tempe, AZ 85000	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/6/00	\$ 200.00
H. Full Name, Mailing Address and ZIP Code Henry Mitchell for State Senate 1222 E. Verlea Drive Tempe, AZ 85000	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/6/00	\$ 256.00
I. Full Name, Mailing Address and ZIP Code John Verkamp 2000 2620 N. Fremont Flagstaff, AZ 85000	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/6/00	\$ 250.00

SUBTOTAL of Disbursements This Page (optional) ..... \$3,256.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

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)

ASSOCIATED HIGHWAY PATROLMEN OF ARIZONA

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Weiers 2000 16022 N. 37th Avenue Phoenix, AZ 85005	contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/6/00	\$ 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$ 500.00

TOTAL This Period (last page this line number only)

\$3,756.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>6-27-00</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jm W</i> PREPARER	<i>7-3-00</i> DATE PREPARED