

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

0012

AUG 25 11 08 AM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) INFORMATION TECHNOLOGY ASSOCIATION OF AMERICA "NET" PAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than reported	
1616 N. FORT MYER DRIVE SUITE 1300	
CITY, STATE and ZIP CODE	
ARLINGTON, VA 22209	
2. FEC IDENTIFICATION NUMBER C 00317446	
3. <input checked="" type="checkbox"/> This committee has qualified as a major candidate 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

QR

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>8/1/99</u> through <u>6/30/00</u>		
6. (a) Cash on Hand January 1, 19__		
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 10)	\$ 3,854. ⁸⁸	\$ 3,854. ⁸⁸
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 5,754. ⁸⁸	\$ 5,754. ⁸⁸
7. Total Disbursements (from Line 30)	\$ 4,270. ⁶²	\$ 4,270. ⁶²
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1,484. ²⁶	\$ 1,484. ²⁶
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	\$ 0
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	\$ 0
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	(2)	
Signature of Treasurer		
	Date	8/23/99

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-684-1100

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

8/25/99 8/26/99 8/31/99 9/1/99 9/1/99 9/1/99 9/1/99

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 <i>INFORMATION TECHNOLOGY ASSOCIATION OF AMERICA "NET" PAC</i>		REPORT COVERING PERIOD	
		FROM <i>4/1/89</i>	TO: <i>4/30/89</i>
		COLUMN A Total This Period	COLUMN B Calendar Year
Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	<i>3,765.-</i>	<i>3,765.-</i>	11(a)
ii. Unitemized	<i>89.-</i>	<i>89.-</i>	11(b)
iii. Total (add i and ii) >	<i>3,854.-</i>	<i>3,854.-</i>	11(c)
b. Political Party Committees	<i>0</i>	<i>0</i>	11(d)
c. Other Political Committees (such as PACs)	<i>0</i>	<i>0</i>	11(e)
d. Total Contributions (add a ii, b and c) >	<i>3,854.-</i>	<i>3,854.-</i>	11(f)
12. Transfers From Affiliated/Other Party Committees	<i>0</i>	<i>0</i>	12
13. All Loans Received	<i>0</i>	<i>0</i>	13
14. Loan Repayments Received	<i>0</i>	<i>0</i>	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	<i>0</i>	<i>0</i>	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	<i>0</i>	<i>0</i>	16
17. Other Federal Receipts (Dividends, Interest, etc.)	<i>0</i>	<i>0</i>	17
18. Transfers from Nonfederal Account for Joint Activity	<i>0</i>	<i>0</i>	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>3,854.-</i>	<i>3,854.-</i>	19
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>3,854.-</i>	<i>3,854.-</i>	20
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	<i>0</i>		21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	<i>0</i>	<i>0</i>	21(d)
22. Transfers to Affiliated/Other Party Committees	<i>0</i>	<i>0</i>	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	<i>4,234.62</i>	<i>4,234.62</i>	23
24. Independent Expenditures (use Schedule E)	<i>0</i>	<i>0</i>	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	<i>0</i>	<i>0</i>	25
26. Loan Repayments Made	<i>0</i>	<i>0</i>	26
27. Loans Made	<i>0</i>	<i>0</i>	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	<i>0</i>	<i>0</i>	28(a)
b. Political Party Committees	<i>0</i>	<i>0</i>	28(b)
c. Other Political Committees (such as PACs)	<i>0</i>	<i>0</i>	28(c)
d. Total Contribution Refunds (add a, b and c) >	<i>0</i>	<i>0</i>	28(d)
29. Other Disbursements <i>BANK SERVICE CHARGE</i>	<i>36.-</i>	<i>36.-</i>	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>4,270.62</i>	<i>4,270.62</i>	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	<i>4,270.62</i>	<i>4,270.62</i>	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	<i>3,854.-</i>	<i>3,854.-</i>	32
33. Total Contribution Refunds (from line 28c)	<i>-</i>	<i>-</i>	33
34. Net Contributions (other than loans) (subtract line 33 from line 32)	<i>3,854.-</i>	<i>3,854.-</i>	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	<i>0</i>	<i>0</i>	35
36. Offsets to Operating Expenditures (from line 15)	<i>0</i>	<i>0</i>	36
37. Net Operating Expenditures (subtract line 36 from line 35) >	<i>0</i>	<i>0</i>	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11a, 1.

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)
INFORMATION TECHNOLOGY ASSOCIATION OF AMERICA (ITAA)
"NET" PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HARRIS N. MILLER, PRESIDENT 1616 N. FORT MYER DRIVE SUITE 1300 ARLINGTON, VA 22209	ITAA	4/99/01	2,500.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code GARY GREENFIELD 4420 KEY WEST AVENUE ROCKVILLE, MD 20850	Name of Employer: MERANT CORP. Merant	Date (month, day, year): 5/99/01	Amount of Each Receipt This Period: 1,000.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code MARK UNCAHER 1616 N. FORT MYER DRIVE SUITE 1300 ARLINGTON, VA 22209	Name of Employer: ITAA	Date (month, day, year): 4/99	Amount of Each Receipt This Period: 100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BRV. P. ISEC DIVISION Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code OLGA GRKAVAC 1616 N. FORT MYER DRIVE SUITE 1300 ARLINGTON, VA 22209	Name of Employer: ITAA	Date (month, day, year): 4/99	Amount of Each Receipt This Period: 100.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. V.P. E.S. DIVISION Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code CHARLES ATTIE 1616 N. FORT MYER DRIVE SUITE 1300 ARLINGTON, VA	Name of Employer: ITAA	Date (month, day, year): 4/99	Amount of Each Receipt This Period: 25.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MARKETING Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code JOHN N. BABBIT 1616 N. FORT MYER DRIVE SUITE 1300 ARLINGTON, VA	Name of Employer: ITAA	Date (month, day, year): 4/99	Amount of Each Receipt This Period: 10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: FINANCE DIRECTOR Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code TINA BETH BURTON 1616 N. FORT MYER DRIVE SUITE 1300 ARLINGTON, VA 22209	Name of Employer: ITAA	Date (month, day, year): 4/99	Amount of Each Receipt This Period: 20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: COMMUNICATIONS Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	3,755
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 11
FOR LINE NUMBER 11a.1.

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)
INFORMATION TECHNOLOGY ASSOCIATION OF AMERICA (ITAA)
"NET" PAC

A. Full Name, Mailing Address and ZIP Code KEVIN BEDRAM 1616 N. FORT MYER DRIVE SUITE 1300 ARLINGTON, VA 22207	Name of Employer ITAA Occupation WEB MASTER Aggregate Year-to-Date > 5	Date (month, day, year) 4/99	Amount of Each Receipt this Period 10.-
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	10
TOTAL This Period (last page this line number only)	3,765

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)
INFORMATION TECHNOLOGY ASSOCIATION OF AMERICA
"NET" PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MCCAIN FOR PRESIDENT FEC # 00342154	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/99	750.00 60342154
KEEP OUR MAJORITY PAC P.O. BOX 18277 WASHINGTON, DC 20036-8277 FEC # 00307405	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/99	1000.00 60307405
PHOENIX PARK HOTEL 520 N. CAPITAL STREET WASHINGTON, DC 20001	PAYMENT OF TRAVEL EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/99	1,500.00 60307405
TINABETH BURTON 40 ITRR 1616 N. FORT MYER DRIVE #100 ARLINGTON, VA 22209	PAYMENT OF TRAVEL EXPENSES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/99	984.00 60307405
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)

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

4,234.62

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 8-25-99
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>Jel</i> PREPARER	8-25-99 DATE PREPARED