REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 NOV 30 P 1:55

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

C00120006 102700 P 282
ALLEN L PETERSON
MINNESOTA LIFE INSURANCE COMPA
NY PAC
400 ROBERT STREET NORTH
ST PAUL MN 55101

2. FEC IDENTIFICATION NUMBER
C00120006

3. [X] 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 _____

[X] 30-Day Post-Election Report following the General Election on 11-7-00 in the State of Minnesota

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-19-00 through 11-27-00		
6. (a) Cash on Hand January 1, 19 2000		$ 31,285.44
(b) Cash on Hand at Beginning of Reporting Period	$ 20,000.44	
(c) Total Receipts (from Line 19)	$ 1,855.00	$ 19,070.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 21,855.44	$ 50,355.44
7. Total Disbursements (from Line 30)	$ 20,000.00	$ 48,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1,855.44	$ 1,855.44
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
Allen L. Peterson

Signature of Treasurer
Allen L Peterson

Date
11-27-00

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)

FE0AN088

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

(revised 1/1/91)

NAME OF COMMITTEE: MINNESOTA LIFE INSURANCE CO. PAC

REPORT COVERING PERIOD FROM 10-19-00 TO: 11-27-00

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,370.00	9,875.00	11(a)(i)
ii. Unitemized	485.00	9,195.00	11(a)(ii)
iii. Total (add i and ii) ➤	1,855.00	19,070.00	11(a)(iii)
b. Political Party Committees	—	—	11(b)
c. Other Political Committees (such as PACs)	—	—	11(c)
d. Total Contributions (add a iii, b and c) ➤	1,855.00	19,070.00	11(d)
12. Transfers From Affiliated/Other Party Committees	—	—	12
13. All Loans Received	—	—	13
14. Loan Repayments Received	—	—	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	—	—	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	—	—	16
17. Other Federal Receipts (Dividends, Interest, etc.)	—	—	17
18. Transfers from Nonfederal Account for Joint Activity	—	—	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,855.00	19,070.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,855.00	19,070.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	—	—	21(a)(i)
ii. Non-Federal Share	—	—	21(a)(ii)
b. Other Federal Operating Expenditures	—	—	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	—	—	21(c)
22. Transfers to Affiliated/Other Party Committees	—	—	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	20,000.00	48,500.00	23
24. Independent Expenditures (use Schedule E)	—	—	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	—	—	25
26. Loan Repayments Made	—	—	26
27. Loans Made	—	—	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	—	—	28(a)
b. Political Party Committees	—	—	28(b)
c. Other Political Committees (such as PACs)	—	—	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	—	—	28(d)
29. Other Disbursements	—	—	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	20,000.00	48,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	20,000.00	48,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,855.00	19,070.00	32
33. Total Contribution Refunds (from line 28d)	—	—	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,855.00	19,070.00	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

FE0ANC09

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 5

FOR LINE NUMBER 11a

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)
Minnesota Life Insurance Company PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Anderson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Connolly Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$50.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Second Vice President		($50 Monthly)
	Aggregate Year-to-Date > $	500.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jenean Cordon Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Guy deLambert Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Second Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Delaney Nelson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sue Ebertz Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Second Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Feuerherm Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$50.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President		($50 Monthly)
	Aggregate Year-to-Date > $	500.00	

SUBTOTAL of Receipts This Page (optional)	$300.00
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 5
	FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A. Full Name, Mailing Address and ZIP Code Frank Fitzpatrick Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	
B. Full Name, Mailing Address and ZIP Code George Fremder Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Second Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	
C. Full Name, Mailing Address and ZIP Code Jaymes Hubbell Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	
D. Full Name, Mailing Address and ZIP Code Michael Kellett Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $50.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President		($50 Monthly)
	Aggregate Year-to-Date > $	500.00	
E. Full Name, Mailing Address and ZIP Code Richard Lee Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $50.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President		($50 Monthly)
	Aggregate Year-to-Date > $	500.00	
F. Full Name, Mailing Address and ZIP Code Richard Mantke Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	
G. Full Name, Mailing Address and ZIP Code Lynne Mills Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Name of Employer Minnesota Life Insurance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period $40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation Second Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	
SUBTOTAL of Receipts This Page (optional)			$300.00
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 3 OF 5

FOR LINE NUMBER 11al

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert Olafson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Vice President Aggregate Year-to-Date > $ 500.00	Payroll Deduction	$50.00 ($50 Monthly)
B. Dianne Orbison Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Vice President Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
C. William Steffes Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
D. Anthony Thomas Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
E. Nancy Winter Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Second Vice President Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
F. William Bushlack Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Sales Manager Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)
G. Mark Cummings Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101 Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Minnesota Life Insurance Occupation: Sales Manager Aggregate Year-to-Date > $ 400.00	Payroll Deduction	$40.00 ($40 Monthly)

SUBTOTAL of Receipts This Page (optional)	$290.00
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 4 OF 5

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Vincent Giordano Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sales Manager		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	
B. William Klenderman Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$45.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Second Vice President		($45 Monthly)
	Aggregate Year-to-Date > $	450.00	
C. Catherine McCarty Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sales Manager		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	
D. David McClafferty Jr. Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sales Manager		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	
E. Fran Martens Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Regional Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	
F. Charles Peterson Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Regional Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	
G. Bruce Bhay Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sales Manager		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	

SUBTOTAL of Receipts This Page (optional)	5285.00
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 5 OF 5

FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)
Minnesota Life Insurance Company PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Underdale Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Regional Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ron Zickert Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Regional Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	400.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Dominik Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$25.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director		($25 Monthly)
	Aggregate Year-to-Date > $	250.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Anne Kluck Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$25.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director		($25 Monthly)
	Aggregate Year-to-Date > $	250.00	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Sandquist Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$25.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Director		($25 Monthly)
	Aggregate Year-to-Date > $	250.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Kleist Minnesota Life Insurance Company 400 Robert Street North St. Paul, MN 55101	Minnesota Life Insurance	Payroll Deduction	$40.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Second Vice President		($40 Monthly)
	Aggregate Year-to-Date > $	240.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL	of Receipts This Page (optional)	$195.00
TOTAL	This Period (last page this line number only)	$1,370.00

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)
Minnesota Life Insurance Company PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement this Period
A. US Chamber of Commerce PAC 1615 H Street NW Washington, DC 20062	Transfer YTD Contributions $5,000.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/19/00	$5,000.00
B. National Republican Congressional Committee 320 First Street SE Washington, D.C. 20003	Purpose of Disbursement Transfer YTD Contributions $10,000.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/24/00	Amount of Each Disbursement this Period $10,000.00
C. CAMPAC PO Box 17 Midland, MI 48640	Purpose of Disbursement Transfer YTD Contributions $2,500.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/24/00	Amount of Each Disbursement this Period $2,500.00
D. Preservation of Capitalism PAC PO Box 22614 Alexandria, VA 22304	Purpose of Disbursement Transfer YTD Contributions $2,500.00 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 10/24/00	Amount of Each Disbursement this Period $2,500.00
E.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
F.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
G.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
H.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement this Period
I.	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)	$20,000.00
TOTAL This Period (last page this line number only)	$20,000.00

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.

☐	Hand Delivered	Date of Receipt
☒	First Class Mail	POSTMARKED 11/27/00
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

CR — PREPARER

11/30/00 — DATE PREPARED

(6/2000)