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)
Credit Union Legislative Action Council of CUNA

ADDRESS (number and street) ☐ Check if different than previously reported
PO Box 576

CITY, STATE and ZIP CODE
Washington, DC 20044-0576

RECEIVED
FEDERAL ELECTION

2. FEC IDENTIFICATION NUMBER
C00007880

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day 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 04/01/99 through 04/30/99		
6. (a)	Cash on Hand January 1, 1999		$ 117,155.77
(b)	Cash on Hand at Beginning of Reporting Period	$ 89,463.83	
(c)	Total Receipts (from Line 19)	$ 44,501.75	$ 202,093.81
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 133,965.58	$ 319,249.58
7.	Total Disbursements (from Line 30)	$ 40,276.05	$ 225,559.05
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 93,690.53	$ 93,690.53
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ 0.00	
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ 0.00	

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
Carl Parks, Assistant Treasurer

Signature of Treasurer
Carl M Parks

Date 2/18/00

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 8/99)

4-00179

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

(revised 1/1/91)

NAME OF COMMITTEE Credit Union Legislative Action Council of CUNA

REPORT COVERING PERIOD FROM 04/01/99 TO: 04/30/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	5,750.00	13,758.00	11(a)(i)
i. Itemized (use Schedule A)	32,617.34	145,646.62	11(a)(ii)
ii. Unitemized	38,367.34	159,404.62	11(a)(iii)
iii. Total (add i and ii) ➤	0.00	0.00	11(b)
b. Political Party Committees	0.00	0.00	11(c)
c. Other Political Committees (such as PACs)	38,367.34	159,404.62	11(d)
d. Total Contributions (add a iii, b and c) ➤	4,000.00	38,577.62	12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	13
13. All Loans Received	0.00	0.00	14
14. Loan Repayments Received	0.00	0.00	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	1,500.00	1,500.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	634.41	2,611.57	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18. Transfers from Nonfederal Account for Joint Activity	44,501.75	202,093.81	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	44,501.75	202,093.81	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)	0.00	0.00	21(a)(i)
i. Federal Share	0.00	0.00	21(a)(ii)
ii. Non-Federal Share	0.00	6,524.00	21(b)
b. Other Federal Operating Expenditures	0.00	6,524.00	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	22
22. Transfers to Affiliated/Other Party Committees	40,275.05	219,035.05	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	24
24. Independent Expenditures (use Schedule E)	0.00	0.00	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26. Loan Repayments Made	0.00	0.00	27
27. Loans Made			
28. Refunds of Contributions To:	0.00	0.00	28(a)
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(b)
b. Political Party Committees	0.00	0.00	28(c)
c. Other Political Committees (such as PACs)	0.00	0.00	28(d)
d. Total Contribution Refunds (add a, b and c) ➤	40,275.05	225,669.05	29
29. Other Disbursements	40,275.05	225,559.05	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤			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)	38,367.34	159,404.62	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	38,367.34	159,404.62	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	6,524.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	6,524.00	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

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)
Credit Union Legislative Action Council of CUNA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Catherine Herring, 3728 Morris Place, Cincinnati, OH 45226-2132	Occupation: CEO	04/13/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
B. Ray Cromer, P.O. Box 5198, Tallahassee, FL 32314	Name of Employer: N.F.E. CU; Occupation: President/CEO	04/15/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
C. Ron Fye, P.O. Box 6416, Tallahassee, FL 32314	Name of Employer: Florida Commercial CU; Occupation: President/CEO	04/15/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
D. Trudy Prince, P.O. Box 593109, Orlando, FL 32859	Name of Employer: Central Florida Healthcare FCU; Occupation: President/CEO	04/15/99	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,000.00		
E. Connie Stoutamire, P.O. Box 32315, Tallahassee, FL 32315	Name of Employer: Florida CU League; Occupation: Director	04/15/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
F. Mike Welch, P.O. Box 248133, Coral Gables, FL 33124	Name of Employer: University; Occupation: President/CEO	04/16/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
G. Joe Barker, P.O. Box 1688, Lake Worth, FL 33310	Name of Employer: Lake Worth City Employees CU; Occupation:	04/15/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) > 4,000.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (In Full)
Credit Union Legislative Action Council of CUNA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Bob Beskovoyne, 1727 Orlando Central Pkwy., Orlando, FL 32809	Martin FCU	04/16/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
B. Joe Sanders, P.O. Box 4144, Tallahassee, FL 32315		04/15/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
C. Steve Trimmier, 2737 Highland Ave., Birmingham, AL 35202	Trimmier Law Firm	04/15/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
D. Chip Trimmier, 2737 Highland Ave., Birmingham, AL 35202	Trimmier Law Firm	04/15/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
E. James W. Blake, 40 Oldfield Drive, S. Boston, MA 02375	Brockton Credit Union; Occupation: CEO	04/27/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
F. Robert Cashman, 33 Auburndale Road, Marblehead, MA 01945	Metropolitan Credit Union; Occupation: CEO	04/27/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
G. Paul C. MacDonald, 58 Rosedale Avenue, Springfield, MA 01128	Western Mass. Telephone Workers CU; Occupation: President	04/27/99	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... > 1,750.00

TOTAL This Period (last page this line number only) ..... > 5,750.00

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 12

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NAME OF COMMITTEE (In Full)
Credit Union Legislative Action Council of CUNA

A. Full Name, Mailing Address and ZIP Code California CUL Federal PAC 2360 South Garey Avenue C00235929 Pomona, CA 91766 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 4,000.00	Date (month, day, year) 04/02/99	Amount of Each Receipt this Period 4,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	4,000.00
TOTAL This Period (last page this line number only)	4,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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NAME OF COMMITTEE (in Full)
Credit Union Legislative Action Council of CUNA

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Friends of Connie Mack P.O. Box 1835 Tampa, FL 33601-1835		04/12/99	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify): 2000	Aggregate Year-to-Date > $ 1,000.00		
B. Friends of Connie Mack P.O. Box 1835 Tampa, FL 33601-1835		04/12/99	500.00
Receipt For: [ ] Primary [X] General [ ] Other (specify): 2000	Aggregate Year-to-Date > $ 1,500.00		
C.			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
D.			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E.			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F.			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G.			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 1,500.00

TOTAL This Period (last page this line number only) > 1,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)
Credit Union Legislative Action Council of CUNA

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Virginia Corporate FCU P.O. Box 11469 Lynchburg, VA 24505	Occupation	04/30/99	634.41
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 2,611.57		
B. 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 $		
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)	634.41
TOTAL This Period (last page this line number only)	634.41

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 2-18-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	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	
	PREPARER	2-2000 DATE PREPARED

(4/98)