REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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FEC MAIL ROOM
2000 SEP -1 A 9:05

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
BOB STUMP ELECTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported.
P. O. Box 130

CITY, STATE and ZIP CODE: Tolleson, Arizona 85353
STATE/DISTRICT: AZ/03

2. FEC IDENTIFICATION NUMBER
C00109140

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

☐ 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)

☒ 12-Day Pre-Election Report for the Primary (Type of Election) election on 9/12/2000 in the State of Arizona
☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____
☐ Termination Report

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/00 through 8/23/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	$ 9,250.00	$196,170.00
(b) Total Contribution Refunds (from Line 20(d))	-----	------
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$9,250.00	$196,170.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$16,650.24	$ 66,382.25
(b) Total Offsets to Operating Expenditures (from Line 14)	------	------
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$16,650.24	$ 66,382.25
8. Cash on Hand at Close of Reporting Period (from Line 27)	$151,994.11	
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 D. Atkins

Signature of Treasurer: [signature]

Date: 8/28/00

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 3 (revised 4/87)

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