# 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)
National Association of Mutual Insurance Companies (NAMIC) CAP

ADDRESS (number and street) ☐ Check if different than previously reported
3601 Vincennes Road, P.O. Box 68700

CITY, STATE and ZIP CODE
Indianapolis, IN 46268

FEDERAL ELECTION COMMISSION MAIL ROOM
Aug 2 2 - - PM '99

2. FEC IDENTIFICATION NUMBER
C 00170258

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
Prior to 1-1-94

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
[X] 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

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period 01/01/99 through 06/30/99 | | |
| 6. (a) Cash on Hand January 1, 19 99 | | $ 3,923.76 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 3,923.76 | |
| (c) Total Receipts (from Line 19) | $ 14,755.36 | $ 14,755.76 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 18,679.12 | $ 18,679.12 |
| 7. Total Disbursements (from Line 30) | $ 9,250.00 | $ 9,250.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 9,429.12 | $ 9,429.12 |
| 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
Pam Allen

Signature of Treasurer
Pamela J. Allen

Date
07/29/99

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 8/93)

FE8AN121

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

(revised 1/1/91)

NAME OF COMMITTEE: National Association of Mutual Insurance Companies PAC

REPORT COVERING PERIOD FROM 01/01/99 TO: 06/30/99

| | COLUMN A Total This Period | COLUMN B Calendar Year | |
|---|---|---|---|
| **I. Receipts** | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 5,150.00 | 5,150.00 | 11(a)(i) |
| ii. Unitemized | 8,565.00 | 8,565.00 | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 13,715.00 | 13,715.00 | 11(a)(iii) |
| b. Political Party Committees | | | 11(b) |
| c. Other Political Committees (such as PACs) | 1,000.00 | 1,000.00 | 11(c) |
| d. Total Contributions (add a ii, b and c) ➤ | 14,715.00 | 14,715.00 | 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.) | 40.36 | 40.36 | 17 |
| 18. Transfers from Non-federal Account for Joint Activity | | | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 14755.36 | 14,755.36 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 14,755.36 | 14,755.36 | 20 |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | 21(a)(i) |
| i. Federal Share | | | 21(a)(ii) |
| ii. Non-Federal Share | | | 21(b) |
| b. Other Federal Operating Expenditures | 0.00 | 0.00 | 21(c) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | | | 22 |
| 22. Transfers to Affiliated/Other Party Committees | 9,250.00 | 9,250.00 | 23 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | | 24 |
| 24. Independent Expenditures (use Schedule E) | | | 25 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | | 26 |
| 26. Loan Repayments Made | | | 27 |
| 27. Loans Made | | | |
| 28. Refunds of Contributions To: | | | 28(a) |
| a. Individuals/Persons Other Than Political Committees | | | 28(b) |
| b. Political Party Committees | | | 28(c) |
| c. Other Political Committees (such as PACs) | | | 28(d) |
| d. Total Contribution Refunds (add a, b and c) ➤ | | | 29 |
| 29. Other Disbursements | 9,250.00 | 9,250.00 | 30 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 9,250.00 | 9,250.00 | 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) | 14,715.00 | 14,715.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 14,715.00 | 14,715.00 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | 0.00 | 0.00 | 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 | 0.00 | 37 |

FE8AN121

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11C

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)

National Association of Mutual Insurance Companies (NAMIC) CAP

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| Liberty Mutual Insruance Company PAC<br>175 Berkeley Street<br>Boston, MA 02117 | Occupation | 04/23/99 | $1,000.00 |
| Receipt For: [ ] Primary [X] General [ ] Other (specify): | Aggregate Year-to-Date $1,000.00 | | |
| 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) ..... $1,000.00

**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



FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies (NAMIC) CAP

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Charles Ewert<br>397013 St. Andrew Court<br>Brookfield, WI 53045<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Partners Mutual Insurance Company<br>President/CEO<br>Aggregate Year-to-Date $ 300.00 | 05/25/99 | 300.00 |
| B. James Ayers<br>9 Kymer Road<br>Branchville, NJ 07726<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Franklin Mutual Insurance Company<br>Vice President<br>Aggregate Year-to-Date $ 300.00 | 05/25/99 | 300.00 |
| C. Wayne White<br>76 Hill Farm Road<br>Conway, AR 72032<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Farm & Home Mutual Insurance Company<br>President<br>Aggregate Year-to-Date $500.00 | 05/25/99 | 500.00 |
| D. WG Alpaugh<br>119 Congress Run Road<br>Cincinnati, OH 45215<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Cincinnati Equitable Insurance Company<br>Chairman of the Board<br>Aggregate Year-to-Date $250.00 | 06/14/99 | 250.00 |
| E. Keith Escue<br>18943 North 94 Highway<br>Pea Ridge, AR 72751<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Farmers Mutual Insurance Company<br>Secretary/Manager<br>Aggregate Year-to-Date $ 500.00 | 06/14/99 | 500.00 |
| F. Alden Ives<br>769 Hebron Avenue<br>Glastonbury, CT 06033<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Farmers Mutual Insurance Company<br>Secretary/Manager<br>Aggregate Year-to-Date $ 250.00 | 06/14/99 | 250.00 |
| G. Jo Ann Kuschel<br>9676 Highway 100<br>New Haven, MO<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Farmers Mutual Insurance Company<br>Secretary/Manager<br>Aggregate Year-to-Date $ 500.00 | 06/14/99 | 500.00 |

**SUBTOTAL** of Receipts This Page (optional) .....

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

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**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies (NAMIC) CAP

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Richard Harris<br>P.O. Box 400<br>Branchville, NJ 07826<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Franklin Mutual Insurance Company<br>Occupation: Director<br>Aggregate Year-to-Date > $300.00 | 01/28/99 | 300.00 |
| B. Howard C. Stevens<br>1571 Kelly Ann Drive<br>West Chester, PA 19380<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Penn Mutual Insurance Company<br>Occupation: Chairman/President<br>Aggregate Year-to-Date > $ 250.00 | 03/11/99 | 250.00 |
| C. Dean Johnson<br>Mound City, MO 64470<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Cameron County Mutual Insurance Company<br>Occupation: Director<br>Aggregate Year-to-Date > $ 250.00 | 03/31/99 | 250.00 |
| D. John Fisher<br>316 Cortina Trail<br>Lansing, MI 48917<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Auto-Owners Insurance Company<br>Occupation: President<br>Aggregate Year-to-Date > $ 500.00 | 04/23/99 | 500.00 |
| E. Jack Clanton<br>1608 Lisa Lane<br>Manhattan, KS 66502<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Farm Bureau Mutual Insurance Company<br>Occupation: Vice President/GM<br>Aggregate Year-to-Date > $ 250.00 | 04/23/99 | 250.00 |
| F. Gerald Roach<br>4027 Monument Avenue<br>Richmond, VA 23230<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Mutual Assurance Society of Virginia<br>Occupation: President<br>Aggregate Year-to-Date > $250.00 | 05/25/99 | 250.00 |
| G. Timothy Russell<br>117 W. Rosetta Avenue<br>Foley, AL 36535<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Baldwin Mutual Insurance Company<br>Occupation: President<br>Aggregate Year-to-Date > $250.00 | 05/25/99 | 250.00 |

**SUBTOTAL** of Receipts This Page (optional) .....

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

FE8AN12

**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)**

National Association of Mutual Insurance Companies (NAMIC) CAP

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Thomas Severance<br>47 Walnut Street<br>Norht Brookfield, MA 01535<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Fitchburg Mutual Insurance Company<br>Occupation: Director<br>Aggregate Year-to-Date $ 250.00 | 06/14/99 | 250.00 |
| B. CI Palmerton<br>325 Eastlake Avenue East<br>Seattle, WA 98109<br>Receipt For: [ ] Primary [X] General [ ] Other (specify): | Farmer Mutual Insurance Company<br>Occupation: Secretary/Manager<br>Aggregate Year-to-Date $ 250.00 | 06/29/99 | 250.00 |
| C. Full Name, Mailing Address and ZIP Code<br>Receipt For: [ ] Primary [ ] General [ ] Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| D. Full Name, Mailing Address and ZIP Code<br>Receipt For: [ ] Primary [ ] General [ ] Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| E. Full Name, Mailing Address and ZIP Code<br>Receipt For: [ ] Primary [ ] General [ ] Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: [ ] Primary [ ] General [ ] Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: [ ] Primary [ ] General [ ] Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |

**SUBTOTAL** of Receipts This Page (optional) .....

**TOTAL** This Period (last page this line number only) ..... 5,150.00

FEBAN121

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

National Association of Mutual Insurance Companies (NAMIC) CAP

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Frist 2000<br>4205 Hillsboro Road, Suite 306<br>Nashville, TN 37215 | Campaign Contribution Senator - TN<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 03/02/99 | 500.00 |
| B. Upton for All of Us<br>P.O. Box 490<br>St. Joesphs, MI 49085 | Campaign Contribution Representative - MI<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 03/23/99 | 500.00 |
| C. Knollenberg for Congress<br>27863 Orchard Lane Drive<br>Farmington Hills, MI 48334 | Campaign Contribution Representative - MI<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 03/23/99 | 1,000.00 |
| D. Friends of Mike Forbes<br>1500 William Floyd Parkway, 2nd Floor<br>Shirley, Long Island, NY 11967 | Campaign Contribution Representative - NY<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 03/31/99 | 500.00 |
| E. Lazio for Congress<br>P.O. Box 5063<br>Bay Shore, NY 11706 | Campaign Contribution Representative - NY<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 04/12/99 | 500.00 |
| F. Pease for Congress Committee<br>P.O. Box 511<br>Seelyville, IN 47878 | Campaign Contribution Representative - IN<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 04/23/99 | 250.00 |
| G. Rogan Campaign Committee<br>P.O. Box 36<br>Montrose, CA 91021 | Campaign Contribution Representative - CA<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 05/25/99 | 1,000.00 |
| H. Dingell for Congress<br>607 14th Street Northwest<br>Washington, D.C. 20005 | Campaign Contribution Representative - MI<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 05/25/99 | 500.00 |
| I. Fossella for Congress<br>1501 Lee Highway, Suite #201<br>Arlington, VA 22209 | Campaing Contribution Representative - NY<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 05/25/99 | 500.00 |

**SUBTOTAL** of Disbursements This Page (optional) .....

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

FE8AN141

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

National Association of Mutual Insurance Companies (NAMIC) CAP

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| Leadership PAC 2000<br>515 King Street, Suite 420<br>Alexadria, VA 22314 | General Contribution<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 06/17/99 | 1,500.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
| Reynolds for Congress<br>P.O. Box 479<br>Victor, NY 14564 | Campaign Contribution Representative - NY<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 06/17/99 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
| Frelinghuysen for Congress<br>P.O. Box 826<br>Morristown, NJ 07960 | Campaign Contribution Representative - NJ<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 06/17/99 | 500.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
| Blue Dog PAC<br>P.O. Box 7668<br>Washington, D.C. 20044 | General Contribution<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 06/17/99 | 1,000.00 |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
| Manzullo for Congress<br>P.O. Box 7783<br>Rockford, IL 61126 | Campaign Contribtution Representative - IL<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 06/24/99 | 500.00 |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
| | [ ] Primary [ ] General [ ] Other (specify) | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
| | [ ] Primary [ ] General [ ] Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
| | [ ] Primary [ ] General [ ] Other (specify) | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement / Disbursement for | Date (month, day, year) | Amount of Each Disbursement This Period |
| | [ ] Primary [ ] General [ ] Other (specify) | | |

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) ..... 9,250.00

FE2AN12

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 8/2/99 |
| ☐ | 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

8/2/99
DATE PREPARED

(4/98)