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DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP
2000 JUN - 8 P 2:25

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Tel (202) 785-9700 • Fax (202) 887-0689
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E-Mail Address: Zausner.A@dsma.com

June 8, 2000

Ms. Angel Williams
Report Analyst
Report Analysis Division
Federal Elections Commission
1 999 E Street, NW
Washington, DC 20463

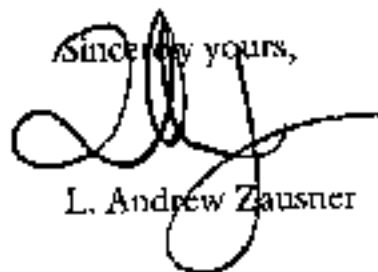
Re: Amendment to the Year End 1999 Report for the Dickstein Shapiro Morin & Oshinsky, LLP Political Action Committee, FEC ID NO C00110197

Dear Ms. Williams:

Enclosed is the Amendment to the DSMOPAC 1999 Year End Filing. Per your instructions, I have attached a Schedule D form which lists as a debt, the administrative costs the DSM&O PAC incurred during 1999. I have also enclosed the corrections requested for Howard Feldman and Rick Leveridge on Schedule A of the same report.

I apologize for any inconvenience that the above oversight has caused your office, and appreciate all your help regarding this matter. If you have any further questions, please direct them to Laurie McKay at 202-828-4860.

Sincerely yours,



L. Andrew Zausner

Enclosures

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <p style="text-align: center;">Dickstein Shapiro Morin & Oshinsky LLP PAC</p> ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <p style="text-align: center;">2101 L Street, NW</p> CITY, STATE and ZIP CODE <p style="text-align: center;">Washington, DC 20037</p>	2. FEC IDENTIFICATION NUMBER <p style="text-align: center;">C00110197</p> 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>7/1/99</u> through <u>12/31/99</u>		
6. (a) Cash on Hand January 1, 19____		\$14,119.71
(b) Cash on Hand at Beginning of Reporting Period	\$ 23,589.96	
(c) Total Receipts (from Line 18)	\$ 36,475.25	\$ 92,446.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 60,066.21	\$ 106,566.21
7. Total Disbursements (from Line 3D)	\$ 30,950.00	\$ 77,450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 29,116.21	\$ 29,116.21
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 4590.20	

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 <p style="text-align: center;">L. Andrew Zauser</p>	Date <p style="text-align: center;">June 8, 2000</p>
Signature of Treasurer 	

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

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 1-10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Dickstein Shapiro Morin & Oshinsky LLP PAC				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Dickstein Shapiro Morin & Oshinsky 2101 L Street, NW Washington, DC 20037		4590.20		4590.20
Nature of Debt (Purpose): Administrative Costs				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				4590.20
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				4590.20

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8
FOR LINE NUMBER 11a1

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)

Dickstein Shapiro Morin & Oshinsky, LLP PAC FEC NO C0D110197

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leslie Cohen 2101 L Street, NW Washington, DC 20037	DSMOLLP	8/18/99	175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 525.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leslie Cohen 2101 L Street, NW Washington, DC 20037	DSMOLLP	9/13/99	175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 525.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rick Conway 2101 L Street, NW Washington, DC 20037	DSMOLLP	12/10/99	1750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 2750.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tom D'Amico 2101 L Street, NW Washington, DC 20037	DSMOLLP	11/15/99	1750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 3500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ermanuel Faust 2101 L Street, NW Washington, DC 20037	DSMOLLP	12/8/99	787.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 787.50		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Howard Feldman 2101 L Street, NW Washington, DC 20037	DSMOLLP	8/18/99	393.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 987.50		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barry Fleishman 2101 L Street, NW Washington, DC 20037	DSMOLLP	8/18/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 612.50		

SUBTOTAL of Receipts This Page (optional) 5131.25

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 8
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Dickstein Shapiro Morin & Oshinsky LLP PAC

FEC NO C00110197

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick Leveridge 2101 L Street, NW Washington, DC 20037	DSMOLLP	9/13/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 787.50	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick Leveridge 2101 L Street, NW Washington, DC 20037	DSMOLLP	10/18/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 787.50	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dan Litt 2101 L Street, NW Washington, DC 20037	DSMOLLP	8/18/99	1662.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 3325.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Metlin 2101 L Street, NW Washington, DC 20037	DSMOLLP	10/18/99	612.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 612.50	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Matt Moloney 2101 L Street, NW Washington, DC 20037	DSMOLLP	9/13/99	379.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1137.50	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Matt Moloney 2101 L Street, NW Washington, DC 20037	DSMOLLP	10/18/99	379.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1137.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rick Leveridge 2101 L Street, NW Washington, DC 20037	DSMOLLP	11/15/99	187.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 787.50	

SUBTOTAL of Receipts This Page (optional)

3821.50

TOTAL This Period (last page this line number only)

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 <i>6-8-00</i>
<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>Set</i> PREPARER	<i>6-8-00</i> DATE PREPARED