

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 JAN 31 P 1:20

USE REC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Restaurant Association Political Action Committee	2. FEC IDENTIFICATION NUMBER C 0000 3764
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1200 17th Street, NW	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Washington, DC 20036	

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 <u>1/28/00</u> through <u>12/31/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 224,537.89
(b) Cash on Hand at Beginning of Reporting Period	\$ 272,972.37	
(c) Total Receipts (from Line 19)	\$ 16,231.75	\$ 519,018.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 289,204.12	\$ 743,556.28
7. Total Disbursements (from Line 20)	\$ 18,929.41	\$ 473,281.57
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 270,274.71	\$ 270,274.71
9. Debts and Obligations Owed TO 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 20546 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)	\$ 0.00	

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 Lee Culpepper	Date 1-31-01
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. §487g.

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE National Restaurant Association Political Action Committee		REPORT COVERING PERIOD FROM 11/28/00 TO: 12/31/00	
		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)	13,511.66	404,135.04	114(d)
ii. Unitemized	2,422.88	8150.41	114(e)
iii. Total (add i and ii) >	15,934.24	485,695.05	114(f)
b. Political Party Committees	0.00	0.00	114(b)
c. Other Political Committees (such as PACs)	0.00	28,103.16	114(c)
d. Total Contributions (add a ii, b and c) >	15,934.24	514,799.21	114(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	519.22	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	287.51	2,699.96	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	16,231.75	519,018.39	19
20. Total Federal Receipts (subtract line 18 from line 19) >	16,231.75	519,018.39	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	1,429.41	3,142.77	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	1,429.41	3,142.77	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	17,500.00	450,408.80	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	3,160.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	3,160.00	28(d)
29. Other Disbursements	0.00	16,570.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	18,929.41	473,281.57	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	18,929.41	473,281.57	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	15,934.24	514,799.21	32
33. Total Contribution Refunds (from line 28d)	0.00	3,160.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	15,934.24	511,639.21	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	1,429.41	3,142.77	35
36. Offsets to Operating Expenditures (from line 15)	0.00	519.22	36
37. Net Operating Expenditures (subtract line 36 from 35) >	1,429.41	2,623.55	37

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

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 Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code Thomas Dooling 543 Lancaster Ave Barwyn, PA 19312-1634	Name of Employer Casey's Ale House Occupation restaurateur	Date (month, day, year) 12/05/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Billy Sewell 5151 Glenwood Ave. Raleigh, NC 27612-3267	Name of Employer Platinum Corral Occupation Restaurateur	Date (month, day, year) 12/05/00	Amount of Each Receipt this Period 1,425.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,425.00	
C. Full Name, Mailing Address and ZIP Code Karen Bremer 489 Peachtree St NE Atlanta, GA 30308-3102	Name of Employer The Peasant Restaurants, Inc. Occupation Restaurateur	Date (month, day, year) 12/05/00	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code Howard Halpern 2194 Marietta Blvd NW Ste A Atlanta, GA 30318-2135	Name of Employer Buckhead Beef Company Occupation Restaurateur	Date (month, day, year) 12/05/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code J. Rutherford Saydel 285 Peachtree Center Avenue Suite 2500 Atlanta, GA 30303	Name of Employer Lawson, Davis & Pickren Occupation Partner	Date (month, day, year) 12/05/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Mary Ann Sewell 31 Muscogee Avenue, #3 Atlanta, GA 30305	Name of Employer <i>Information requested</i> Occupation Restaurateur	Date (month, day, year) 12/05/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Mary Ann Sewell 31 Muscogee Avenue, #3 Atlanta, GA 30305	Name of Employer <i>information requested</i> Occupation Restaurateur	Date (month, day, year) 12/05/00	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,200.00	

SUBTOTAL of Receipts This Page (optional) **5,175.00**

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 3
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)
National Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Chapman 3384 Peachtree Road Suite 300 Atlanta, GA 30326	Legacy Capital Investors Occupation Chairman	12/05/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
Dannis Cooper 5995 Barfield Road Atlanta, GA 30328	RTM, Inc. Occupation Chairman	12/05/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
Dale Chaplin PO Box 222 612 Rabbit Run Trail Advance, NC 27008	Name of Employer <i>information requested</i> Occupation Restaurateur	12/05/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Kami Harrelson 3304 Sumter Drive High Point, NC 27265	CRG, Inc. Occupation Restaurateur	12/05/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Philip Hickey 1640 Powers Ferry Road #2-300 Marietta, GA 30067-9400	Innovative Restaurant Concepts Occupation Restaurateur	12/05/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
Mark Oswald 467 King Road NW Atlanta, GA 30342-4048	Liberty House Rest. Occupation Restaurateur	12/05/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
David Dietz 3801 Kennett Pike Bldg E Sta 220 Greenville, DE 19807	Brandywine Brewing Company Restaurant & Brewery Occupation restaurateur	12/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) **4,350.00**

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 3

FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)
National Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code George McKerrow Jr. 8215 Roswell Rd Bldg. 600 Atlanta, GA 30350-8451	Name of Employer RARE Hospitality	Date (month, day, year) 12/05/00	Amount of Each Receipt this Period 1,000.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 1,500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Mary B. Kubach. 1501 Snyder Ave Philadelphia, PA 19145-3031	Name of Employer Melrose Diner, Inc.	Date (month, day, year) 12/06/00	Amount of Each Receipt this Period 2,500.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 2,500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Michael Sternberg 1200 19th St NW Washington, DC 20036-2412	Name of Employer Sam & Harry's	Date (month, day, year) 12/10/00	Amount of Each Receipt this Period 250.00
	Occupation Restaurateur	Aggregate Year-to-Date > \$ 1,500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Christina Howard 1200 17th Street NW Washington, DC 20036	Name of Employer National Restaurant Association	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 43.48 (\$21.74 Biweekly)
	Occupation Association Executive	Aggregate Year-to-Date > \$ 466.64	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Lee Culpepper 1200 17th St NW Washington, DC 20036-3006	Name of Employer National Restaurant Association	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 100.00 (\$50.00 Biweekly)
	Occupation Association Executive	Aggregate Year-to-Date > \$ 1,250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Kathleen O'Leary 1200 17th St NW Washington, DC 20036-3006	Name of Employer National Restaurant Association	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 46.46 (\$22.73 Biweekly)
	Occupation Association Executive	Aggregate Year-to-Date > \$ 464.60	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Guy Westbrook 1200 17th St NW Washington, DC 20036-3006	Name of Employer National Restaurant Association	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 47.62 (\$23.81 Biweekly)
	Occupation Association Executive	Aggregate Year-to-Date > \$ 478.20	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **3,886.66**

TOTAL This Period (see page this line number only) **13,511.58**

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)
National Restaurant Association Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Crestar Bank NA Post Office Box 26150 Richmond, VA 23260-8150</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Interest Earned</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,544.45</p>	<p>Date (month, day, year) 11/30/00</p>	<p>Amount of Each Receipt this Period 142.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Crestar Bank NA Post Office Box 26150 Richmond, VA 23260-8150</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Interest Earned</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,699.96</p>	<p>Date (month, day, year) 12/31/00</p>	<p>Amount of Each Receipt this Period 155.51</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>297.51</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>297.51</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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 Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank NA 1100 Connecticut Avenue, NW Washington, DC 20036	November Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/00	1,165.00
Crestar Bank NA 1100 Connecticut Avenue, NW Washington, DC 20036	December Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/00	264.41
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,429.41

TOTAL This Period (last page this line number only)

1,429.41

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
National Restaurant Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gordon Smith For U.S. Senate 2002 228 S. Washington Street Suite 200 Alexandria, VA 22314	Gordon Smith, U.S. SENATE OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002	12/06/00	5,000.00
B. Full Name, Mailing Address and ZIP Code Nelson 2000 1915 North 121st Street Suite B Omaha, NE 68154	Ben Nelson, U.S. SENATE NE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 00 General Debt	12/19/00	2,500.00
C. Full Name, Mailing Address and ZIP Code Keller For Congress 3510 Battersea Court Orlando, FL 32812	Richard Keller, U.S. HOUSE 8th FL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 00 General Debt	12/19/00	2,600.00
D. Full Name, Mailing Address and ZIP Code Bill Nelson For U S Senate Po Box 10962 Tallahassee, FL 32302	Bill Nelson, U.S. SENATE FL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 00 General Debt	12/19/00	2,500.00
E. Full Name, Mailing Address and ZIP Code Kennedy For Congress 11426 County Rd 13 Se Watertown, MN 55388	Mark Kennedy, U.S. HOUSE 2nd MN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 00 General Debt	12/19/00	5,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 17,500.00

TOTAL This Period (last page this line number only) 17,500.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>1-31-01</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>AM</i> PREPARER	 <i>1-31-01</i> DATE PREPARED