

AmerUs Group
699 Walnut Street
Des Moines, IA 50309-3948
Mailing Address:
P.O. Box 1555
Des Moines, IA 50306-1555
515/362-1600

AmerUs Group
Political Action Committee
RECEIVED
FEC MAIL ROOM

2000 JUL 19 P 2:15

AMERUS
Group

CERTIFIED MAIL/RETURN RECEIPT

July 13, 2000

Public Records Office
Federal Election Commission
999 E Street, NW
Washington, DC 20463

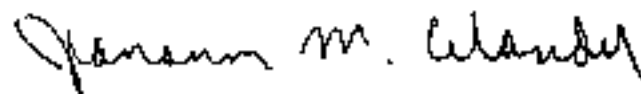
RE:AmerUs Group Political Action Committee

Dear Sir or Madam:

Enclosed is the AmerUs Group Political Action Committee's July 15 Quarterly Report for the reporting period April 1, 2000 through June 30, 2000.

If you have any questions, please contact our office. Thank you.

Sincerely,



Jeanette M. Celander
Assistant Secretary

Enclosure (1)

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 19 P 2:15

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 C00180901 C60500 P 236
 JAMES A SMALLENBERGER
 AMERUS GROUP POLITICAL ACTION COMMITTEE
 511 FIFTH AVENUE
 DES MOINES IA 50309

2. FEC IDENTIFICATION NUMBER
 C00180901


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
- 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>4/1/00</u> through <u>6/30/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 20,729.50
(b) Cash on Hand at Beginning of Reporting Period	\$ 22,528.96	
(c) Total Receipts (from Line 19)	\$ 4,775.46	\$ 9,574.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 27,304.42	\$ 30,304.42
7. Total Disbursements (from Line 30)	\$ 6,000.00	\$ 9,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	\$ 21,304.42	\$ 21,304.42
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 20465 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)	\$ -	
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
 JAMES A. SMALLENBERGER

Signature of Treasurer


Date
 7/12/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X
(revised 09/99)

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

(revised 1/1/91)

NAME OF COMMITTEE AMERUS GROUP POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 4/1/00 TO 6/30/00	
		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)	3,675.96	5,575.98	11(a)(i)
ii. Unitemized	1,099.50	3,998.94	11(a)(ii)
iii. Total (add i and ii) >	4,775.46	9,574.92	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	4,775.46	9,574.92	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.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	4,775.46	9,574.92	19
20. Total Federal Receipts (subtract line 18 from line 19) >	4,775.46	9,574.92	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	6,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements	3,000.00	3,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6,000.00	9,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	6,000.00	9,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,775.46	9,574.92	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,775.46	9,574.92	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			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)

AMERUS GROUP POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code Bauer, Kathy J. Box 182 Malcher, IA 50021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AmerUs Life Holdings, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 120.00 (40.00/month)
	Occupation Vice President -HR Aggregate Year-to-Date > \$ 240.00		
B. Full Name, Mailing Address and ZIP Code Bottoni, Diane N. 14 NE 70th Place Ankeny, IA 50021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AmerUs Life Holdings, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 180.00 (60.00/month)
	Occupation VP-Consulting Mgmt Aggregate Year-to-Date > \$ 360.00		
C. Full Name, Mailing Address and ZIP Code Brooks, Roger K. 5205 Woodland Des Moines, IA 50312 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AmerUs Life Holdings, Inc.	Date (month, day, year) Payroll deduction	Amount of Each Receipt this Period 600.00 (200.00/month)
	Occupation Chairman, President & CEO Aggregate Year-to-Date > \$ 1,200.00		
D. Full Name, Mailing Address and ZIP Code Daley, Victor N. 4131 Plumwood Drive West Des Moines, IA 50265 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AmerUs Life Holdings, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 150.00 (50.00/month)
	Occupation EMP-Chief Adm'n & HR Officer Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code Foss, Roger D. 1014 Campus Ridge Court Ankeny, IA 50021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AmerUs Capital Mgmt	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 120.00 (40.00/month)
	Occupation VP - Investment Mgmt Research Aggregate Year-to-Date > \$ 240.00		
F. Full Name, Mailing Address and ZIP Code Fraizer, Michael C. 5566 Little Leaf Trail West Des Moines, IA 50266 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AmerUs Life Holdings, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 250.02 (83.34/month)
	Occupation EMP & CFO Aggregate Year-to-Date > \$ 500.04		
G. Full Name, Mailing Address and ZIP Code GoLasky, Thomas C. 1516 South 42nd Street West Des Moines, IA 50265 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AmerUs Life Holdings, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 375.00 (125.00/month)
	Occupation EMP & CEO Aggregate Year-to-Date > \$ 750.00		

SUBTOTAL of Receipts This Page (optional)

1,795.02

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

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NAME OF COMMITTEE (In Full)

AMERUS GROUP POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Griffin, Lee L. 1648 Johnson Ames, IA 50010	AmerUs Home Equity	Payroll Deduction	375.00 (125.00/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & COO	Aggregate Year-to-Date > \$ 750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Haggerty, Joseph K. 601 S. 33rd Street West Des Moines, IA 50265	AmerUs Life Holdings, Inc.	Payroll Deduction	180.00 (60.00/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SVP-General Counsel	Aggregate Year-to-Date > \$ 360.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hirnlachs, Steven L. 2900 Orchard Drive West Des Moines, IA 50266	AmerUs Life Holdings, Inc.	Payroll Deduction	124.98 (41.66/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP-Market Development	Aggregate Year-to-Date > \$ 249.96	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kalainov, Sam C. 681 50th Street Des Moines, IA 50312	Retiree	Payroll Deduction	300.00 (100.00/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retiree	Aggregate Year-to-Date > \$ 600.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keating, William M. 13703 Lakeshore Drive Des Moines, IA 50325	AmerUs Capital Mgmt	Payroll Deduction	124.98 (41.66/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director-Comm. Mortgage Lending	Aggregate Year-to-Date > \$ 249.96	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lalonde, Janna 2011 Ashworth Road West Des Moines, IA 50265	AmerUs Life Holdings, Inc.	Payroll Deduction	150.00 (50.00/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SVP-Communications	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
McNail, Gary R. 3151 Valley Ridge Ct. West Des Moines, IA 50265	AmerUs Life Insurance Co.	Payroll Deduction	124.98 (41.66/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President & CEO	Aggregate Year-to-Date > \$ 249.96	

SUBTOTAL of Receipts This Page (optional) 1,379.94

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)

AMERUS GROUP POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mendt, Denise M 200 Terrace Road Des Moines, IA 50312	Amerus Life Holdings, Inc.		124.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Tax; Deputy Tax Cnl.	Payroll Deduction	(41.66/month)
	Aggregate Year-to-Date > \$	249.96	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Owens, Douglas K. 7173 Laurel Place West Des Moines, IA 50266	Amerus Life Holdings, Inc.		126.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP-Corp, HRIS & Payroll	Payroll Deduction	(42.00/month)
	Aggregate Year-to-Date > \$	252.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Reynolds, Michael F. 3000 Grand Avenue, #910 Des Moines, IA 50312	Amerus Life Insurance Co.		124.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Vice President	Payroll Deduction	(41.66/month)
	Aggregate Year-to-Date > \$	249.96	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shallenberger, James A. 12906 NW 127th Court Des Moines, IA 50325	Amerus Life Holdings, Inc.		125.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP-Secretary	Payroll Deduction	(41.68/month)
	Aggregate Year-to-Date > \$	250.08	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 501.00

TOTAL This Period (last page this line number only) 3,675.96

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) 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)
AMERUS GROUP POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LifePac ACLI 1001 Pennsylvania Ave, NW Washington, DC 20004-2599	Contribution 2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Industry	6/7/00	\$3,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 3,000.00

TOTAL This Period (last page this line number only) 3,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

AMERUS GROUP POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Iowa Life Insurance Industry PAC National Travelers Life Ins. Co. 5700 Westown Parkway West Des Moines, IA 50266	contribution 2000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Industry	6/21/00	\$3,000.00
B. 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
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)

3,000.00

TOTAL This Period (last page this line number only)

3,000.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-13-00
<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>36</i> PREPARER	<i>7-19-00</i> DATE PREPARED