

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2002 DEC -6 P 12:08

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines COO231233 Michael O. Freeman Lindquist & Vennum Political Fund 4200 IDS Center, 80 S. Eighth St. Minneapolis, MN 55402

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT NEW OR AMENDED COO231233

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on In the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on In the State of

5. Covering Period 12/01/2001 through 12/31/2001

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 Michael O. Freeman Signature of Treasurer Date 12/05/2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**
Lindquist & Vennun Political Fund

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

10:01:2002

To:

11:30:2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		553192
(b) Cash on Hand at Beginning of Reporting Period	1054731	
(c) Total Receipts (from Line 19)		995000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1054731	1538192
7. Total Disbursements (from Line 30)	105000	588461
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	949731	949731
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)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 4-01-01)

Write or Type Committee Name

Lindquist & Vennun Political Fund

Report Covering the Period:

From:

10.01.2002

To:

11.25.2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals, Partners, Other Than Political Committees		
(i) Itemized (use Schedule A)	0.	
(ii) Unitemized	0.	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.	9550.00
(b) Political Party Committees	0.	0.
(c) Other Political Committees (such as PACs)	0.	0.
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c) (Carry Totals to Line 32, page 4)	0.	9550.00
12. Transfers From Affiliated/Other Party Committees	0.	0.
13. All Loans Received	0.	0.
14. Loan Repayments Received	0.	0.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.	0.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.	350.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.	0.
18. Transfers from Nonfederal Account for Joint Activity	0.	0.
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	0.	9900.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	0.	9900.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	346
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	850
24. Independent Expenditures (see Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 6441a(d)) (see Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	250.00	300.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add lines 28(a), (b), and (c))	250.00	300.00
29. Other Disbursements	1,300.00	5,550.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	1,050.00	6,196
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	1,050.00	6,196
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	6,550.00	6,550.00
33. Total Contribution Refunds (from Line 28(d))	250.00	300.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	0	6,250.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	346
36. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0	346

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE OF

<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17
------------------------------------	------------------------------------	------------------------------------	-----------------------------------	-----------------------------

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 the Lindquist & Vennum Political Fund (includes from such committee).

NAME OF COMMITTEE (in Full)

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE OF

<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29

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 information from such committees.

Lindquist & Vennun Political Fund

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A.

Standerbaum, Terri

Mailing Address
P.O. Box 140, 2136 Ford Parkway

City State Zip Code
St Paul MN 55116

Purpose of Disbursement
Contribution

Candidate Name
Terri Standerbaum

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: *MIN* District: *MN*

Date of Disbursement

10/1/02

Amount of Each Disbursement this Period

250.00

Category/Type
10/1

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (in full)

LOAN SOURCE Full Name (Last, First, Middle Initial)		Election <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State ZIP Code	
Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
			% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) in Loan Source

1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding

SUBTOTALS This Period This Page (optional)	
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS**

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

9
 10

Excluding Loans

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payments This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payments This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payments This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (column) \rightarrow

2) TOTALS This Period (last page this line number only) \rightarrow

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) \rightarrow

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) \rightarrow

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE OF
FOR LINE 26 OF FORM 3X

NAME OF COMMITTEE (In Full)	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State Zip Code

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code			
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ▶		Amount	

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code			
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ▶		Amount	

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code			
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ▶		Amount	

SUBTOTAL of Expenditures This Page (optional).....▶			
TOTAL This Period (last page this line number only).....▶			

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE (In Full) _____

USE ONLY ONE SECTION

A. NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right) _____ %

Presidential Year (65%)

All Other Years (60%)

B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (If checked, enter 65% in box to right) _____ %

OR

FUNDS EXPENDED:

- Estimated Direct Candidate Support -- Federal _____ %
- Estimated Direct Candidate Support -- Non-Federal _____ %

ADJUSTMENTS TO FUNDS EXPENDED:

- Actual Direct Candidate Support -- Federal _____ %
- Actual Direct Candidate Support -- Non-Federal _____ %

NOTE: Funds expended must be used if the Federal proportion is greater than 65% in any year.

C. SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- Estimated Direct Candidate Support -- Federal _____ %
- Estimated Direct Candidate Support -- Non-Federal _____ %

ADJUSTMENTS TO FUNDS EXPENDED:

- Actual Direct Candidate Support -- Federal _____ %
- Actual Direct Candidate Support -- Non-Federal _____ %

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

Check all Offices appearing on the next General Election Ballot:

		NUMBER OF POINTS
1. President	<input type="checkbox"/>	(1 Point)
2. U.S. Senate	<input type="checkbox"/>	(1 Point)
3. U.S. Congress	<input type="checkbox"/>	(1 Point)
4. SUBTOTAL -- Federal (ADD 1, 2, AND 3)		
5. Governor	<input type="checkbox"/>	(1 Point)
6. Other Statewide Office(s)	<input type="checkbox"/>	(1 or 2 Points)
7. State Senate	<input type="checkbox"/>	(1 Point)
8. State Representative	<input type="checkbox"/>	(1 Point)
9. Local Candidates	<input type="checkbox"/>	(1 or 2 Points)
10. Extra Non-Federal Point	<input type="checkbox"/>	(1 Point)
11. SUBTOTAL -- Non-Federal (Add 5, 6, 7, 8, 9, and 10)		
12. TOTAL POINTS (Line 4 plus Line 11)		

FEDERAL ALLOCATION = Line 4 divided by Line 12 _____ %

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE **1** OF **1**

NAME OF COMMITTEE (In Full)

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % 0%	NON-FEDERAL % 0%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % 0%	NON-FEDERAL % 0%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % 0%	NON-FEDERAL % 0%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % 0%	NON-FEDERAL % 0%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % 0%	NON-FEDERAL % 0%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % 0%	NON-FEDERAL % 0%

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NON-FEDERAL ACCOUNTS**

PAGE _____ OF _____
FOR LINE 16 OF FORM 3X

NAME OF COMMITTEE (In Full) _____

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive

ii) Direct Fundraising
(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Direct Fundraising ..

iii) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

**EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT**

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For
Exempt Activity/Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative/Voter Drive Amount)	
TOTAL This Period (Direct Fundraising Amount)	
TOTAL This Period (Exempt Activity/Direct Candidate Support)	
TOTAL This Period (Total Amount Transferred)	

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

PAGE _____ OF _____
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt
Purpose/Event:		<input type="checkbox"/> Direct Candidate Support	
Description:		Event Year-To-Date	Date
FEDERAL SHARE		+	NON-FEDERAL SHARE
		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt
Purpose/Event:		<input type="checkbox"/> Direct Candidate Support	
Description:		Event Year-To-Date	Date
FEDERAL SHARE		+	NON-FEDERAL SHARE
		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt
Purpose/Event:		<input type="checkbox"/> Direct Candidate Support	
Description:		Event Year-To-Date	Date
FEDERAL SHARE		+	NON-FEDERAL SHARE
		=	TOTAL AMOUNT

SUBTOTAL of Joint Federal and Non-Federal Activity This Page			
FEDERAL SHARE	+	NON-FEDERAL SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each fee only): (Federal share to 21(a)(5) and non-Federal share to 21(a)(6))			
FEDERAL SHARE			TOTAL AMOUNT
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)			

SCHEDULE I (FEC Form 3X)

AGGREGATION PAGE

NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT	Coverage Period From: _____ To: _____ _____	
RECEIPTS	COLUMN A	COLUMN B
(Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)	TOTAL THIS PERIOD	YEAR-TO-DATE
1. TOTAL RECEIPTS:	\$ _____	\$ _____
DISBURSEMENTS:		
(Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)		
2. Transfers to Federal or Allocation Account for Allocable Expenses	\$ _____	\$ _____
3. Transfers to State/Local Party Organizations	\$ _____	\$ _____
4. Direct State/Local Candidate Support	\$ _____	\$ _____
5. Other Disbursements	\$ _____	\$ _____
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5)	\$ _____	\$ _____
SUMMARY		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	\$ _____	\$ _____
8. RECEIPTS (from Line 1)	\$ _____	\$ _____
9. SUBTOTAL	\$ _____	\$ _____
10. DISBURSEMENTS (from Line 6)	\$ _____	\$ _____
11. ENDING CASH ON HAND	\$ _____	\$ _____

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate now it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>12-6-02</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>JMN</i> PREPARER	<i>12-6-02</i> DATE PREPARED