REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2001 FEB -9 A 10:23

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
International Association of Holiday INN

ADDRESS (number and street) ☐ Check if different than previously reported
3 Ravinia Drive, Suite 2000

CITY, STATE and ZIP CODE
Atlanta, GA 30346

2. FEC IDENTIFICATION NUMBER
C00084822

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
5. Covering Period 1/1/99 through 6/30/99		
6. (a) Cash on Hand January 1, 19 99		$ 4059.60
(b) Cash on Hand at Beginning of Reporting Period	$ 9906.94	
(c) Total Receipts (from Line 19)	$ 11255.56	$22455.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 21162.50	$26515.16
7. Total Disbursements (from Line 30)	$ 6614.84	$11967.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 14547.66	$14547.66
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)	$	

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

Signature of Treasurer

Date 1/28/01

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: International Association of Holiday INN

REPORT COVERING PERIOD FROM 1/1/99 TO: 6/30/99

	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)	8550.00	13600.00	11(a
ii. Unitemized	2650.00	9300.00	11(a.
iii. Total (add i and ii) ➤	11200.00	22900.00	11(a'
b. Political Party Committees	0	0	11(b.
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	11200.00	22900.00	11(d'
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0 (500.00)	16
17. Other Federal Receipts (Dividends, Interest, etc.)	55.56	~~(444.44)~~ 56.56	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	11255.56	22455.56	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	11255.56	22455.56	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)
ii. Non-Federal Share	0	0	21(a)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6500.00	10215.76	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	114.84	1751.74	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6614.84	11967.50	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6614.84	11967.50	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			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

FEDANK99

SCHEDULE A — ITEMIZED RECEIPTS

Separate schedule(s) required for each category of the Detailed Summary Page

FOR LINE NUMBER 11) A.1

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)

International Association of Holiday Inn

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert & Sylvia Slater 7002 Nichols Rd Oklahoma City, OK 73116 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 450.00	4/9/99	450.00
David Shamoian 2 Windy Hill Lane Wayland, MA 01778 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 450.00	4/10/99	450.00
Leroy Lail 2258 Hwy. 70 SE Suite 101 Hickory, NC 28602 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 450.00	3/16/99	450.00
George Glover 2910 Garden Lane Memphis, TN 38111 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 1,350.00	3/23/99	1,350.0
James Wold P.O. Box 9555 Fargo, ND 58106 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 600.00	3/13/99	600.00
Firal Ryder 452 Jeferson Street Natchitoches, LA 71457 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 300.00	3/17/99	300.00
Sam Friedman 401 Keyser Ave Natchitoches, LA 71457 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 1,350.00	3/23/99	1,350.0

SUBTOTAL of Receipts This Page (optional) 4,950.00

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

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11)A.1

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NAME OF COMMITTEE (In Full)

International Association of Holiday Inn

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Renee Logan 29 South LA Salle Street Chicago, IL 60603 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 1,350.00	3/16/99	1,350.0
Charles Johnson 9250 Baymeadows Rd Jacksonville, FL 32256 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 750.00	3/17/99	750.00
Mr. & Mrs. Tarrunumn Murad 105 Glen Eagles Dr. Watchung, NJ 07060 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 300.00	3/24/99	300.00
Robert Alter PO Box 4240 San Clemente, CA 92674 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 300.00	3/23/99	300.00
James Mann 650 E. 24th St Holland, MI 49423 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 300.00	4/1/99	300.00
Daniel Vosotas 2537 Rochester Court Troy, MI 48083 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 300.00	4/13/99	300.00
Walter Duncan P.O. Box 9012 Stuart, FL 34995-9012 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date $ 300.00	4/14/99	300.00

SUBTOTAL of Receipts This Page (optional) 3,600.00

TOTAL This Period (last page this line number only) 8,550.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

International Association of Holiday Inn

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
John Ashcroft 8229 Clayton Road St.Louisss; MO 63117	Contribution	4/15/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Dick Armey P.O. Box 85 Louisville, TX 75067	Contribution	4/15/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
AMo Houghton Post Office Box 1107 Coring; NY 14830	Contribution	4/15/99	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Norman Sisisky P.O. Box 2062 Petersburg, VA 23804	Contribution	4/15/99	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Petri P.O? Box 270 Fon du Lac, WI 54935	Contribution	4/15/99	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Dave Hobson 2525 N. Limestone Springfield, OH 45503	Contribution	4/15/99	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Fred Upton P.O.Box 221543 Chantilly, VA 20153	Contribution	4/15/99	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
John Boehner 111 C. Street, SE Washington, DC 2003	Contribution	4/15/99	500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Chip Pickering P.O. Box-6440 Laurel, MS 39441	Contribution	4/15/99	500.00

SUBTOTAL of Disbursements This Page (optional) 5,500.0

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

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 23

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)

International Association of Holiday Inn

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Bliley P.O. Box 17905 Richmand, VA 23226	Contribution Disbursement for: [ ] Primary [x] General [ ] Other (specify)	4/15/99	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) 6,500.00

FEBAN064

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 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 the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

International Association of Holiday INN

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suntrust Bank P.O. Box 4418 Atlanta, GA 30302	Bank Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify) Svcs Chg	4/19/99	37.65
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Suntrust Bank P.O. Box 4418 Atlanta, GA 30302	Bank Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify) Svcs Chg	5/19/99	29.03
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Suntrust Bank P.O. Box 4418 Atlanta, GA 30302	Bank Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify) Svcs Chg	6/17/99	33.16
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Suntrust Bank P.O. Box 4418 Atlanta, GA 30302	Bank Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify) Svcs Chg	6/30/99	5.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Suntrust Bank P.O. Box 4418 Atlanta, GA 30302	Bank Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify) Svcs Chg	5/30/99	5.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Suntrust Bank P.O. Box 4418 Atlanta, GA 30302	Bank Service Charge Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	4/30/99	5.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	114.84
TOTAL This Period (last page this line number only)	114.84

FEMAN10a

RQ-2

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

James P. McCauley, Treasurer
INN/PAC International Association of
Holiday Inns Inc. Political Action
Committee
Three Ravinia Drive, Suite 2000
Atlanta, GA 30346

DEC 27 2000

Identification Number: C00084822

Reference: Mid-Year Report (1/01/99-6/30/99)

Dear Mr. McCauley:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-The totals listed on Lines 6(c), 7, 11(a)(i), 11(a)(ii), 11(a)(iii), 17, 19, 29 and 30, Column B of the Summary and Detailed Summary Pages appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B totals. Please amend your report and any subsequent reports that may be affected by this correction.

-Your calculations for Line 6(d), Column B appear to be incorrect. Please provide the corrected total(s) on the Summary Page.

-Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of $200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so,

you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2)) The request must:

- clearly ask for the missing information, without soliciting a contribution;
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

-Schedule A of your report discloses aggregate year-to-date totals for contributions received from individuals which appear to be incorrect. Please be advised that federal regulations require aggregate year-to-date totals to include only those contributions which are received during the calendar year. In the event that the aggregate year-to-date total is correct, please note that federal regulations also require the disclosure of all contributions received from individuals who have contributed over $200.

11 CFR §104.3(a)(4) Please amend your report to provide the correct aggregate year-to-date totals.

-Schedule A of your report (pertinent portion(s) attached) discloses an apparent prohibited contribution. 2 U.S.C. §441b(a) prohibits the receipt of contributions from corporations and national banks unless made from separate segregated funds established by the corporations and national banks.

If the contribution in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received a prohibited contribution, you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donors in accordance with 11 CFR §103.3(b). In the best interest of your committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. In order to protect the donor's interests, the Commission recommends that you inform the contributors in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee to transfer-out or refund the amount will be taken into consideration.

-Please amend Schedule B supporting Line 23 by providing the office sought (House/Senate/President) including state and congressional district, if applicable, for each contribution made. 11 CFR §104.3(b)(3)(ii) and (v)

-Schedule B supporting Line 23 discloses contributions to federal candidates for which no election designation has been provided. Please note that if no designation is included in your report, the contributions will be attributed to the next upcoming election for the recipient candidate. Thus, for future reporting purposes, it is in your committee's interest to designate the appropriate election in order to avoid the appearance of

excessive contributions made to federal candidates by your committee.

-It has come to the attention of the Federal Election Commission that the reports you have filed during the current election cycle do not reflect the appropriate coverage dates for quarterly filing status. Please be advised of the filing dates and coverage periods for the 1999-2000 election cycle and fill in the appropriate dates on Line 5 of the Summary Page.

Report Type	Coverage Dates	Due Date
Mid-Year	1/1/99-6/30/99	July 31, 1999
Year End	7/1/99-12/31/99	January 31, 2000
April Quarterly	1/1/00-3/31/00	April 15, 2000
July Quarterly	4/1/00-6/30/00	July 15, 2000
October Quarterly	7/1/00-9/30/00	October 15, 2000
12 Day Pre-General	10/1/00-10/18/00	October 26, 2000
30 Day Post-General	10/19/00-11/27/00	December 7, 2000
Year End	11/28/00-12/31/00	January 31, 2001

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Dominick Ciaraldi
Reports Analyst
Reports Analysis Division

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
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED (R/C) 1/30/01
☐	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	

CR — PREPARER

2/9/01 — DATE PREPARED

(6/2000)