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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. — 12PE4M5

National Renal Administrators Association PAC

ADDRESS (number and street) ▼ 11250 Roger Bacon Drive Ste. 8

☐ Check if different than previously reported. (ACC)

Reston VA 20190-5202

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C

3. IS THIS REPORT ☐ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ 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 10 01 2000 through 12 31 2000

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 ☐

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

Office Use Only							

FEC FORM 3X (Revised 1/01)

FE1ANCA2.PDF

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

Report Covering the Period: From: Mo Day Year To: Mo Day Year

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		540645
(b) Cash on Hand at Beginning of Reporting Period	203930	
(c) Total Receipts (from Line 19)	873012	1286772
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1076912	1827417
7. Total Disbursements (from Line 30)	300100	1050575
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	776842	776842
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 1/01)

Write or Type Committee Name

Report Covering the Period: From: __ __ To: __ __

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	869000	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	869000	1274500
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	4012	12242
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	873012	1286742
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	873012	1286742

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	300000	
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements	100	575
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	300100	1050575
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	300100	1050575

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	8690.00	1286742
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE OF
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Penal Administrator Association PAC

A.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. C00255091
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 869000
Date of Receipt 11 15 2000
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. C
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. C
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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE OF

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)

A.
Full Name (Last, First, Middle Initial): EARL Pomeroy for Congress
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 14 2000
Amount of Each Disbursement this Period: 100000

B.
Full Name (Last, First, Middle Initial): Bill Thomas CAMPaign Committee
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 19 2000
Amount of Each Disbursement this Period: 100000

C.
Full Name (Last, First, Middle Initial): Friends of Kent Conrad
Mailing Address
City State Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 19 2000
Amount of Each Disbursement this Period: 100000

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

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:
- Primary
- General
- 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 % (apr) | Secured: Yes No

List All Endorsers or Guarantors (If any) to Loan Source

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

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

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

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   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 C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER
C

LENDING INSTITUTION (LENDER)
Full Name

Amount of Loan

Interest Rate (APR)

Mailing Address

Date Incurred or Established

City State Zip Code

Date Due

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred

B. If line of credit,
Amount of this Draw:

Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify:

What is the value of this collateral?

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B).

Date account established:

Location of account:

Address:

City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature

DATE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature

Title

DATE

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

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

PAGE ___ OF ___

FOR LINE NUMBER: (check only one) ☐ 9 ☐ 10

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

Payment 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

Payment 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

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER ▼
C

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/ Type

Name of Federal Candidate supported or opposed by expenditure:

Office Sought: ☐ House ☐ Senate ☐ Presidential
State: ____ District: ____
Check One: ☐ Support ☐ Oppose

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/ Type

Name of Federal Candidate supported or opposed by expenditure:

Office Sought: ☐ House ☐ Senate ☐ Presidential
State: ____ District: ____
Check One: ☐ Support ☐ Oppose

Full Name (Last, First, Middle Initial) of Payee

Mailing Address

City State Zip Code

Date

Amount

Purpose of Expenditure

Category/ Type

Name of Federal Candidate supported or opposed by expenditure:

Office Sought: ☐ House ☐ Senate ☐ Presidential
State: ____ District: ____
Check One: ☐ Support ☐ Oppose

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶

(c) **TOTAL** Independent Expenditures ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature

Date

Subscribed and sworn to before me this ____ day of

My Commission expires:

NOTARY PUBLIC

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 25 OF FORM 3X

NAME OF COMMITTEE (In Full)

Has your committee been designated to make coordinated expenditures by a political party committee?
☐ YES ☐ 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

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: ☐ House ☐ Senate ☐ Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/ Type

Date

Amount

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: ☐ House ☐ Senate ☐ Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/ Type

Date

Amount

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: ☐ House ☐ Senate ☐ Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/ Type

Date

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 SECTON

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	☐ (1 Point)	
2.	U.S. Senate	☐ (1 Point)	
3.	U.S. Congress	☐ (1 Point)	
4.	SUBTOTAL – Federal (ADD 1, 2, AND 3)		
5.	Governor	☐ (1 Point)	
6.	Other Statewide Office(s)	☐ (1 or 2 Points)	
7.	State Senate	☐ (1 Point)	
8.	State Representative	☐ (1 Point)	
9.	Local Candidates	☐ (1 or 2 Points)	
10.	Extra Non-Federal Point	☐ (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 OF

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: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Exempt ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%

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

PAGE OF
FOR LINE 18 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)

Mailing Address

City State Zip Code

Purpose/Event:

Description:

Category/Type

Type of Allocated Activity:
- Admin./Voter Drive
- Exempt
- Fundraising
- Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose/Event:

Description:

Category/Type

Type of Allocated Activity:
- Admin./Voter Drive
- Exempt
- Fundraising
- Direct Candidate Support

Event Year-To-Date

Date

FEDERAL SHARE + NON-FEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose/Event:

Description:

Category/Type

Type of Allocated Activity:
- Admin./Voter Drive
- Exempt
- Fundraising
- Direct Candidate Support

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 line only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

NON-FEDERAL SHARE

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:

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
RECEIPTS (Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of $200 During the Calendar Year)		
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 how it was received.

☑	Hand Delivered	Date of Receipt 5-7-01
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	

Jm p
PREPARER

5-7-01
DATE PREPARED

(6/2000)