REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 29 A 10 15

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00011643 091900 P 209
C.A. SWAIN
AC REPUBLICAN CENTRAL COMMITTEE O
F IMPERIAL COUNTY
P.O. BOX 2552
CI EL CENTRO CA 92243

2. FEC IDENTIFICATION NUMBER

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 General (Type of Election) election on 11/7/00 in the State of Ca

☐ 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 10/01/00 through 10/18/00		
6. (a) Cash on Hand January 1, 2000		$ 1,138.70
(b) Cash on Hand at Beginning of Reporting Period	$ 706.01	
(c) Total Receipts (from Line 19)	$ 2,828.04	$ 12,028.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3,534.05	$ 13,166.74
7. Total Disbursements (from Line 30)	$ 2,053.51	$ 11,686.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1,480.54	$ 1,480.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	

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
C. A. Swain

Signature of Treasurer

Date
10/22/00

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)

FEDAN088

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

(revised 1/1/91)

NAME OF COMMITTEE: Rep Central Comm of Imperial County

REPORT COVERING PERIOD FROM 10/01/00 TO: 10/18/00

	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)	None	None	11(a)(i)
ii. Unitemized	None	None	11(a)(ii)
iii. Total (add i and ii) ➤	None	None	11(a)(iii)
b. Political Party Committees	None	None	11(b)
c. Other Political Committees (such as PACs)	$2,500.00	11,700.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	2,500.00	11,700.00	11(d)
12. Transfers From Affiliated/Other Party Committees	None	None	12
13. All Loans Received	None	None	13
14. Loan Repayments Received	None	None	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	328.04	328.04	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	None	None	16
17. Other Federal Receipts (Dividends, Interest, etc.)	None	None	17
18. Transfers from Nonfederal Account for Joint Activity	None	None	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$2,828.04	12,028.04	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	None	None	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	None	None	21(a)(i)
ii. Non-Federal Share	2,053.51	11,523.44	21(a)(ii)
b. Other Federal Operating Expenditures	None	None	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	2,053.51	11,523.44	21(c)
22. Transfers to Affiliated/Other Party Committees	None	None	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	None	None	23
24. Independent Expenditures (use Schedule E)	None	None	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	None	None	25
26. Loan Repayments Made	None	None	26
27. Loans Made	None	None	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	None	None	28(a)
b. Political Party Committees	None	None	28(b)
c. Other Political Committees (such as PACs)	None	None	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	None	None	28(d)
29. Other Disbursements	None	None	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,053.51	11,523.44	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	None	None	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,828.04	12,028.04	32
33. Total Contribution Refunds (from line 28d)	None	None	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,828.04	12,028.04	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	None	None	35
36. Offsets to Operating Expenditures (from line 15)	None	None	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	None	None	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11d

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)
Rep Central Comm of Imperial County

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Imperial County Republican Party Operating Expense 141 So 7th St., El Centro, Ca 92243		10/12/00	$2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$2,500.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)
Rep Central Comm of Imperial County

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
State Compensation Insurance Fund P O Box 7980 San Francisco, Ca 94120-7980	Refund - Compensation Insurance	10/04/00	$328.04
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 328.04

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 12

FOR LINE NUMBER 21b 11

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NAME OF COMMITTEE (In Full)
Republican Central Comm of Imperial County

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
M M Mena 1371 Vista Verde Dr Holtville, Ca 92250	Hdqt Sec - Wages Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/02/00	$300.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gallery Cinema 139 So 7th St., El Centro, Ca 92243	Hdqt Rent Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/01/00	$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T	Hdqt Phone Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/02/00 10/02/00	$ 29.57 19.54
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pac Bell P O Box 7665 Van Nuys, Ca 91409-7665	Hdqt Phone Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/12/00	$201.60
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Imperial Printers 430 Main St., El Centro, Ca 92243	Hdqt Stationary Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/12/00	$260.34
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Imperial Irrigation District P O Box 937 Imperial, Ca 92251	Hdqt Power Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/12/00	$ 53.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
City of El Centro P O Box 2328 El Centro, Ca 92244-2328	Hdqt Utilities Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/12/00	$ 63.75
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Post Master El Centro, Ca 92243	Postage - Quarterly Reports Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/13/00 10/16/00	$ 3.20 3.42
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pac Bell 666 Folsom St., Rm 1123 San Fran cisco, Ca 94107	Sec Deposit - Phone Lines Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/10/00	$801.63

SUBTOTAL of Disbursements This Page (optional) $1,986.05

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 21a ii

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NAME OF COMMITTEE (In Full)
Rep Central Comm of Imp County

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Post Master El Centro, Ca 92243	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/10/00	$67.46
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)	$67.46
TOTAL This Period (last page this line number only)	$2,053.51

FE6A/009

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) 10-23-00
☐	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	

JMD
PREPARER

10-29-00
DATE PREPARED

(6/2000)