04/20/2001 16 : 24

**FEC FORM 3X**

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

Office Use Only

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

American Institute of Certified Public Accountants Effective Legislation Committee

ADDRESS (number and street) ▼

Check if different than previously reported. (ACC)

Harborside Financial Center

201 Plaza III

Jersey City | NJ | 07311 –

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00077321

3. IS THIS REPORT — X 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 Quarterly 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) |
| X Apr 20 (M4) | Jul 20 (M7) | Oct 20 (M10) | Jan 31 (M13) |

(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 **P**ost -Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on _____ in the State of _____

5. Covering Period 03 01 2001 through 03 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 Ms Dale Atherton

Signature of Treasurer _____ Date 04 20 2001

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 1/2001) |
|---|---|---|---|

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)



Write or Type Committee Name

American Institute of Certified Public Accountants Effective Legislation Committee

Report Covering the Period: From: 03 01 2001 To: 03 31 2001

| | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 2001 | | 356476.10 |
| (b) Cash on Hand at Begining of Reporting Period ..... | 377967.94 | |
| (c) Total Receipts (from Line 19) ..... | 2963.16 | 41217.35 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... | 380931.10 | 397693.45 |
| 7. Total Disbursements (from Line 30) ..... | 186564.82 | 203327.17 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..... | 194366.28 | 194366.28 |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) ..... | 0.00 | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) ..... | 4112.26 | |

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 800-420-9530
Local 202-694-1100

# DETAILED SUMMARY PAGE
OF RECEIPTS



Write or Type Committee Name

American Institute of Certified Public Accountants Effective Legislation Committee

Report Covering the Period: From: 03 01 2001 To: 03 31 2001

| 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) ..... | 3000.00 | |
| (ii) Unitemized ..... | -1225.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶ | 1775.00 | 37510.65 |
| (b) Political Party Committees ..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) ..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶ | 1775.00 | 37510.65 |
| 12. Transfers From Affiliated/Other Party Committees ..... | 0.00 | 0.00 |
| 13. All Loans Received ..... | 0.00 | 0.00 |
| 14. Loan Repayments Received ..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) ..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees ..... | 0.00 | 0.00 |
| 17. Other Federal Receipts Dividends, Interest, etc.) ..... | 1188.16 | 3706.70 |
| 18. Transfers from Nonfederal Account for Joint Activity ..... | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶ | 2963.16 | 41217.35 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶ | 2963.16 | 41217.35 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)



| 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 | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 186564.82 | 203327.17 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 26. Loan Repayments Made | 0.00 | 0.00 |
| 27. Loans Made | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶ | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶ | 186564.82 | 203327.17 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶ | 186564.82 | 203327.17 |

| III. Net Contributions/Operating Expenditures | | |
|---|---|---|
| 32. Total Contributions (other than loans) from Line 11(d), page 3) | 1775.00 | 37510.65 |
| 33. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32) | 1775.00 | 37510.65 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 0.00 | 0.00 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶ | 0.00 | 0.00 |

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 20

[X] 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)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**
Full Name (Last, First, Middle Initial)
FRIENDS OF JIM MALONEY INC

Mailing Address
20 E MAIN STREET SUITE 235

City: WATERBURY State: CT Zip Code: 06702

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For: X Primary General Other (specify)

Election Year-to-Date 1500.00

Date of Receipt: 03 07 2001

Amount of Each Receipt this Period: 1500.00

Transaction ID: SA11A1.4179

**B.**
Full Name (Last, First, Middle Initial)
BOB RILEY

Mailing Address
PO BOX 700

City: ASHLAND State: AL Zip Code: 36251

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For: X Primary General Other (specify)

Election Year-to-Date 1500.00

Date of Receipt: 03 07 2001

Amount of Each Receipt this Period: 1500.00

Transaction ID: SA11A1.4178

**C.**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **3000.00**

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 20

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

A.

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) ▼

Election Year-to-Date ▼
36923.61

Date of Receipt
03 31 2001

Amount of Each Receipt this Period
1188.16

Transaction ID: SA17.4133

B.

C.

| | |
|---|---|
| **SUBTOTAL** of Receipts This Page (optional) ..... ▶ | **1188.16** |
| **TOTAL** This Period (last page this line number only) ..... ▶ | **1188.16** |

# 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



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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**
Full Name (Last, First, Middle Initial)

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: 03 31 2001

Amount of Each Disbursement this Period: 90782.41

Transaction ID: SB23.4134

**B.**
Full Name (Last, First, Middle Initial): ALLARD VICTORY COMMITTEE

Mailing Address: PO BOX 75103

City: WASHINGTON State: DC Zip Code: 20013

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: CO District: 00

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 27 2001

Amount of Each Disbursement this Period: 2500.00

Transaction ID: SB23.4200

**C.**
Full Name (Last, First, Middle Initial): BAYOU LEADER POLITICAL ACTION COMMITTEE

Mailing Address: 524 FORT WILLIAMS PARKWAY

City: ALEXANDRIA State: VA Zip Code: 22304

Purpose of Disbursement: Leadership PAC

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary General / Other (specify)

Date of Disbursement: 03 30 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4201

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **98282.41**

**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



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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**
Full Name (Last, First, Middle Initial)
KENNETH E JR BENTSEN

Mailing Address
5615 MORNINGSIDE #301
City: HOUSTON State: TX Zip Code: 77005

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: TX District: 25

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 07 / 2001

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB23.4186

**B.**
Full Name (Last, First, Middle Initial)
MARION BERRY

Mailing Address
PO BOX 306
City: CILLETT State: AR Zip Code: 72055

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: AR District: 01

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 27 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4198

**C.**
Full Name (Last, First, Middle Initial)
BENJAMIN L CARDIN

Mailing Address
9 WHITEBRIDGE COURT
City: BALTIMORE State: MD Zip Code: 21208

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MD District: 03

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 30 / 2001

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB23.4202

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4000.00**

**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

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29



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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**
Full Name (Last, First, Middle Initial)
CITIZENS FOR COCHRAN

Mailing Address
PO BOX 7183
City: TUPELO State: MS Zip Code: 38802

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: MS District: 00

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 05 / 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4176

**B.**
Full Name (Last, First, Middle Initial)
PETER R DEUTSCH

Mailing Address
PO BOX 817689
City: HOLLYWOOD State: FL Zip Code: 33081

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: FL District: 20

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 15 / 2001

Amount of Each Disbursement this Period: 2000.00

Transaction ID: SB23.4194

**C.**
Full Name (Last, First, Middle Initial)
FRIENDS OF JERRY KLECZKA

Mailing Address
3150A S 12TH ST
City: MILWAUKEE State: WI Zip Code: 53215

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: WI District: 04

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 05 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4177

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **8000.00**

**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



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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**
Full Name (Last, First, Middle Initial)
FRIENDS OF JIM MALONEY INC

Mailing Address
20 E MAIN STREET SUITE 235

City: WATERBURY
State: CT
Zip Code: 06702

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: CT District: 05

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 03 / 07 / 2001

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB23.4183

**B.**
Full Name (Last, First, Middle Initial)
FRIENDS OF SENATOR ROCKEFELLER

Mailing Address
236 MASSACHUSETTS AVENUE #310

City: WASHINGTON
State: DC
Zip Code: 20002

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: DC District: 00

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 07 / 2001

Amount of Each Disbursement this Period: 2500.00

Transaction ID: SB23.4184

**C.**
Full Name (Last, First, Middle Initial)
PHIL GRAMM

Mailing Address
PO BOX 601329

City: DALLAS
State: TX
Zip Code: 75360

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: TX District: 00

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 27 / 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4196

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **9000.00**

**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
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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**
Full Name (Last, First, Middle Initial)
PHIL GRAMM

Mailing Address
PO BOX 601329
City: DALLAS State: TX Zip Code: 75360

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: TX District: 00

Disbursement For: Primary / X General / Other (specify)

Date of Disbursement: 03 / 27 / 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4197

**B.**
Full Name (Last, First, Middle Initial)
HAGEL FOR SENATE COMMITTEE

Mailing Address
PO BOX 241497
City: OMAHA State: NE Zip Code: 68124

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: NE District: 00

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 30 / 2001

Amount of Each Disbursement this Period: 2500.00

Transaction ID: SB23.4203

**C.**
Full Name (Last, First, Middle Initial)
HASTERT FOR CONGRESS COMMITTEE

Mailing Address
PO BOX 625 PO BOX 625
City: BATAVIA State: IL Zip Code: 60510

Purpose of Disbursement
Redesignation - General to Primary

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: IL District: 14

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 26 / 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4222

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **12500.00**

**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



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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**
Full Name (Last, First, Middle Initial)
WILLIAM J JEFFERSON

Mailing Address
1922 MARENGO ST
City: NEW ORLEANS State: LA Zip Code: 70115

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: LA District: 02

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 07 / 2001

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB23.4185

**B.**
Full Name (Last, First, Middle Initial)
JOHN HEDDENS KINGSTON

Mailing Address
207 FIDDLERS BEND
City: SAVANNAH State: GA Zip Code: 31408

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: GA District: 01

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 27 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4195

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

Mailing Address
P.O. Box 20209
City: Alexandria State: VA Zip Code: 22320

Purpose of Disbursement
Leadership PAC

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 03 / 30 / 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4204

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **7500.00**

**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



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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**
Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS
Mailing Address
320 FIRST STREET SE
City: WASHINGTON State: DC Zip Code: 20003
Purpose of Disbursement
Annual Membership
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 03 09 2001
Amount of Each Disbursement this Period: 15000.00
Transaction ID: SB23.4191

**B.**
Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE
Mailing Address
425 SECOND STREET NE
City: WASHINGTON State: DC Zip Code: 20002
Purpose of Disbursement
Annual Membership
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 03 09 2001
Amount of Each Disbursement this Period: 15000.00
Transaction ID: SB23.4192

**C.**
Full Name (Last, First, Middle Initial)
PENNSYLVANIANS FOR KANJORSKI
Mailing Address
103 South Hanover Street
City: Nanticoke State: PA Zip Code: 18634
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: X House / Senate / President
State: PA District: 11
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 03 07 2001
Amount of Each Disbursement this Period: 1500.00
Transaction ID: SB23.4187

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **31500.00**

**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



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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**
Full Name (Last, First, Middle Initial)
PEOPLE FOR PETE DOMENICI

Mailing Address
POST OFFICE BOX 93656
City: ALBUQUERQUE State: NM Zip Code: 87199

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: NM District: 00

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 09 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4190

**B.**
Full Name (Last, First, Middle Initial)
PRYCE FOR CONGRESS

Mailing Address
145 E RICH STREET
City: COLUMBUS State: OH Zip Code: 43215

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: OH District: 15

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 07 / 2001

Amount of Each Disbursement this Period: 2500.00

Transaction ID: SB23.4189

**C.**
Full Name (Last, First, Middle Initial)
BOB RILEY

Mailing Address
PO BOX 700
City: ASHLAND State: AL Zip Code: 36251

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: AL District: 03

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 07 / 2001

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB23.4182

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5000.00**

**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



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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**
Full Name (Last, First, Middle Initial)
MICHAEL J ROGERS

Mailing Address
6899 CORRIGAN DRIVE

City: BRIGHTON | State: MI | Zip Code: 48116

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: MI District: 06

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 27 / 2001

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB23.4199

**B.**
Full Name (Last, First, Middle Initial)
STABENOW FOR US SENATE

Mailing Address
PO BOX 4945

City: EAST LANSING | State: MI | Zip Code: 48826

Purpose of Disbursement
Debt Retirement

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: MI District: 00

Disbursement For: Primary / X General / Other (specify)

Date of Disbursement: 03 / 30 / 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: SB23.4205

**C.**
Full Name (Last, First, Middle Initial)
PATRICK J TOOMEY

Mailing Address
2336 FOX MEADOW DRIVE

City: ALLENTOWN | State: PA | Zip Code: 18104

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: PA District: 15

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 / 07 / 2001

Amount of Each Disbursement this Period: 1500.00

Transaction ID: SB23.4168

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **8000.00**

**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
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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**
Full Name (Last, First, Middle Initial)
GERALD C 'JERRY' WELLER

Mailing Address
PO BOX 15283
City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: X House / Senate / President
State: IL District: 11

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 15 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: SB23.4193

**B.**
Full Name (Last, First, Middle Initial)
Willard Hotel

Mailing Address
1401 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Purpose of Disbursement
In Kind – Reception for Bob Riley

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 08 2001

Amount of Each Disbursement this Period: 61.16

Transaction ID: SB23.4214

**C.**
Full Name (Last, First, Middle Initial)
Willard Hotel

Mailing Address
1401 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Purpose of Disbursement
In Kind – Reception for Ken Bentsen

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 03 13 2001

Amount of Each Disbursement this Period: 61.16

Transaction ID: SB23.4215

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1122.32**

**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



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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**
Full Name (Last, First, Middle Initial)
Willard Hotel

Mailing Address
1401 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Purpose of Disbursement
In Kind – Reception for Deb Pryce

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 / 15 / 2001

Amount of Each Disbursement this Period: 61.16

Transaction ID: SB23.4216

**B.**
Full Name (Last, First, Middle Initial)
Willard Hotel

Mailing Address
1401 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Purpose of Disbursement
In Kind – Reception for Jay Rockefeller

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 / 21 / 2001

Amount of Each Disbursement this Period: 61.16

Transaction ID: SB23.4217

**C.**
Full Name (Last, First, Middle Initial)
Willard Hotel

Mailing Address
1401 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Purpose of Disbursement
In Kind – Reception for Mike Rogers

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 / 22 / 2001

Amount of Each Disbursement this Period: 61.16

Transaction ID: SB23.4218

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **183.48**

**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
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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**
Full Name (Last, First, Middle Initial)
Willard Hotel

Mailing Address
1401 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Purpose of Disbursement
In Kind – Reception for Wayne Allard

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 / 27 / 2001

Amount of Each Disbursement this Period: 354.29

Transaction ID: SB23.421B

**B.**
Full Name (Last, First, Middle Initial)
Willard Hotel

Mailing Address
1401 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Purpose of Disbursement
In Kind-Reception for William Jefferson

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 / 28 / 2001

Amount of Each Disbursement this Period: 61.16

Transaction ID: SB23.422D

**C.**
Full Name (Last, First, Middle Initial)
Willard Hotel

Mailing Address
1401 Pennsylvania Avenue, NW
City: Washington State: DC Zip Code: 20004

Purpose of Disbursement
In Kind – Reception for Jim Maloney

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 / 30 / 2001

Amount of Each Disbursement this Period: 61.16

Transaction ID: SB23.4221

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **476.61**

**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 |



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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee

**A.**

Full Name (Last, First, Middle Initial)
WYDEN FOR SENATE

Mailing Address
123 NE 3RD SUITE 321

City: PORTLAND
State: OR
Zip Code: 97232

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / X Senate / President
State: OR District: 00

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
03 30 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4206

**B.**

**C.**

| | |
|---|---|
| **SUBTOTAL** of Receipts This Page (optional) ..... ▶ | **1000.00** |
| **TOTAL** This Period (last page this line number only) ..... ▶ | **186564.82** |

**SCHEDULE D**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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



FOR LINE NUMBER: (check only one)

- [ ] 9
- [X] 10

NAME OF COMMITTEE (In Full)

American Institute of Certified Public Accountants Effective Legislation Committee

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

Internal Revenue Service

Mailing Address

City: Holtsville State: NY ZIP Code: 00501

Nature of Debt (Purpose): Income Taxes

Transaction ID: SD10.4115

Outstanding Balance Beginning This Period: 4112.26

| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|
| 0.00 | 0.00 | 4112.26 |

B

C

| | |
|---|---|
| 1) **SUBTOTALS** This Period This Page (optional) ..... ▶ | **4112.26** |
| 2) **TOTALS** This Period (last page this line number only) ..... ▶ | **4112.26** |
| 3) **TOTALS 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) ▶ | |