REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUL 17 A 11: 13

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
LifePoint Hospitals, Inc. Good Government Fund

ADDRESS (number and street) ☐ Check if different than previously reported
103 Powell Court, Suite 200

CITY, STATE and ZIP CODE
Brentwood, TN 37027

2. FEC IDENTIFICATION NUMBER
C-00-347956

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

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day 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 04/01/00 through 06/30/00		
6. (a) Cash on Hand January 1, 2000		$ 47,590.53
(b) Cash on Hand at Beginning of Reporting Period	$ 69,772.36	
(c) Total Receipts (from Line 19)	$ 5,641.97	$ 28,590.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 75,414.33	$ 76,180.83
7. Total Disbursements (from Line 30)	$ 8,780.38	$ 9,546.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 66,633.95	$ 66,633.95
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)	$ 0.00	

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
Rob Pantoja, CFO

Signature of Treasurer
[signature]

Mary Kim Shipp
NOTARY PUBLIC
EXP. 7-22-2000

Date: 7/14/00

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)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE LifePoint Hospitals, Inc. Good Government Fund

REPORT COVERING PERIOD FROM 04/01/00 TO: 06/30/00

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,853.60	13,521.78	11(a)(i)
ii. Unitemized	3,968.37	14,659.69	11(a)(ii)
iii. Total (add i and ii) ➤	5,641.97	28,181.47	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	5,641.97	28,181.47	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	408.83	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5,641.97	28,590.30	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5,641.97	28,590.30	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,260.38	6,510.38	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	476.50	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	476.50	28(d)
29. Other Disbursements	2,520.00	2,560.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8,780.38	9,546.88	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	8,780.38	9,546.88	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5,641.97	28,181.47	32
33. Total Contribution Refunds (from line 28d)	0.00	476.50	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,641.97	27,704.97	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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)
LifePoint Hospitals, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. First American Bank 500 Metroplex Drive Nashville, TN 37211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 555.72	04/28/00	146.89
B. First American Bank 500 Metroplex Drive Nashville, TN 37211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 624.37	06/11/00	68.65
C. First American Bank 500 Metroplex Drive Nashville, TN 37211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 731.17	05/31/00	106.80
D. Juanita Radford 2234 Ridgemore Dr Valrico, FL 33594 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Bartow Memorial Hospital Occupation: Healthcare Aggregate Year-to-Date $ 555.00	06/29/00	50.00
E. Jim Edmondson 1207 Jackson Drive Pulaski, TN 38478 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hillside Hospital Occupation: CEO Aggregate Year-to-Date $ 208.00	06/29/00	52.00
F. Kerry Wehmeyer 2001 Doctors Drive Springhill, LA 71075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Springhill Medical Center Occupation: CEO Aggregate Year-to-Date $ 272.72	06/29/00	68.18
G. Jim Edmondson 1207 Jackson Drive Pulaski, TN 38478 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Hillside Hospital Occupation: CEO Aggregate Year-to-Date $ 260.00	06/29/00	52.00

SUBTOTAL of Receipts This Page (optional) 544.52

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
LifePoint Hospitals, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Morrison 177 Ridgeview Drive Pulaski, TN 38478 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Hospital CFO Aggregate Year-to-Date $ 250.00	06/29/00	50.00
B. Kerry Wehmeyer 2001 Doctors Drive Springhill, LA 71075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Springhill Medical Center CEO Aggregate Year-to-Date $ 340.90	06/29/00	68.18
C. Michael Wiechart 317 Inwood Way Franklin, TN 37064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lifepoint Corporate Office CFO Aggregate Year-to-Date $ 210.00	06/29/00	30.00
D. Jim Edmondson 1207 Jackson Drive Pulaski, TN 38478 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Hospital CEO Aggregate Year-to-Date $ 312.00	06/29/00	52.00
E. Michael Morrison 177 Ridgeview Drive Pulaski, TN 38478 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Hospital CFO Aggregate Year-to-Date $ 300.00	06/29/00	50.00
F. Kerry Wehmeyer 2001 Doctors Drive Springhill, LA 71075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Springhill Medical Center CEO Aggregate Year-to-Date $ 409.08	06/29/00	68.18
G. Michael Wiechart 317 Inwood Way Franklin, TN 37064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lifepoint Corporate Office CFO Aggregate Year-to-Date $ 240.00	06/29/00	30.00

SUBTOTAL of Receipts This Page (optional)	348.36
TOTAL This Period (last page this line number only)	

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
LifePoint Hospitals, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Curtis Courtney 220 Edgemont Rd Maysville, KY 41056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meadowview Regional Medical Center CEO Aggregate Year-to-Date $ 218.75	06/29/00	31.25
B. Jim Edmondson 1207 Jackson Drive Pulaski, TN 38478 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Hospital CEO Aggregate Year-to-Date $ 364.00	06/29/00	52.00
C. Barry Keel 101 Brookwood Lane Andalusia, AL 36420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Andalusia Regional Hospital CEO Aggregate Year-to-Date $ 210.00	06/29/00	30.00
D. Timothy McGill 221 Bussell Street Livingston, TN 38570 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Livingston Regional Hospital CEO Aggregate Year-to-Date $ 218.75	06/29/00	31.25
E. Michael Morrison 177 Ridgeview Drive Pulaski, TN 38478 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Hospital CFO Aggregate Year-to-Date $ 350.00	06/29/00	50.00
F. William Spray 204 Kingsbridge Boulevard Tullahoma, TN 37388 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southern Tennessee Medical Center Occupation: Field Administration Aggregate Year-to-Date $ 210.00	06/29/00	30.00
G. Kerry Wehmeyer 2001 Doctors Drive Springhill, LA 71075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Springhill Medical Center CEO Aggregate Year-to-Date $ 477.26	06/29/00	68.18

SUBTOTAL of Receipts This Page (optional) 292.66

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (In Full)
LifePoint Hospitals, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Michael Wiechart 317 Inwood Way Franklin, TN 37064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lifepoint Corporate Office CFO Aggregate Year-to-Date > $ 270.00	06/29/00	30.00
B. Michael Clark 1002 West 8th Street Russellville, KY 42276 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Logan CEO Aggregate Year-to-Date > $ 210.00	06/29/00	35.00
C. Curtis Courtney 220 Edgemont Rd Maysville, KY 41056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Meadowview Regional Medical Center CEO Aggregate Year-to-Date > $ 250.00	06/29/00	31.25
D. Jim Edmondson 1207 Jackson Drive Pulaski, TN 38478 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hillside Hospital CEO Aggregate Year-to-Date > $ 416.00	06/29/00	52.00
E. Barry Keel 101 Brookwood Lane Andalusia, AL 36420 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Andalusia Regional Hospital CEO Aggregate Year-to-Date > $ 240.00	06/29/00	30.00
F. Timothy McGill 221 Bussell Street Livingston, TN 38570 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Livingston Regional Hospital CEO Aggregate Year-to-Date > $ 250.00	06/29/00	31.25
G. William Spray 204 Kingsbridge Boulevard Tullahoma, TN 37388 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southern Tennessee Medical Center Field Administration Aggregate Year-to-Date > $ 240.00	06/29/00	30.00

SUBTOTAL of Receipts This Page (optional) 239.50

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (in Full)
LifePoint Hospitals, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kerry Weinmeyer 2001 Doctors Drive Springhill, LA 71075 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Springhill Medical Center Occupation: CEO Aggregate Year-to-Date > $ 546.44	06/29/00	66.18
B. First American Bank 500 Metroplex Drive Nashville, TN 37211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $ 891.53	06/30/00	160.36
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	226.54
TOTAL This Period (last page this line number only)	1,653.60

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

LifePoint Hospitals, Inc. Good Government Fund

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Bill Thomas Campaign Committee P.O. Box 386 Bakersfield, CA 93302	Thomas , U.S. HOUSE CA Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	05/08/00	1,000.00
B. Friends of THA 600 Interstate Boulevard South Nashville, TN 37210	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	05/23/00	1,250.35
C. FedPAC 801 Pennsylvania Ave. NW Suite 245 Washington, DC 20004-2604	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	06/12/00	4,000.00
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
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)	6,250.35
TOTAL This Period (last page this line number only)	6,250.35

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
LifePoint Hospitals, Inc. Good Government Fund

A. Full Name, Mailing Address and ZIP Code McGaha for Senate Campaign Fund 4787 West Hwy 76 Russell Springs, KY 42642	Purpose of Disbursement McGaha , STATE SENATE KY Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 05/26/00	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code Victory 2000 Republican Party of Kentucky PO Box 1069 Frankfort, KY 40602	Purpose of Disbursement Fundraiser Disbursement for: [ ] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 09/09/00	Amount of Each Disbursement This Period 2,000.00
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
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)	2,500.00
TOTAL This Period (last page this line number only)	2,500.00

4-00173

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 7-17-00
☐	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	

KPE
PREPARER

7-17-00
DATE PREPARED

(6/2000)