

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 13 A 10:07

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In Full) ARAB AMERICAN LEADERSHIP PAC	2. FEC IDENTIFICATION NUMBER 000194225
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1600 K ST. N.W. #601	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE WASHINGTON, D.C. 20006	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
 (Type of Election)
 election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
 on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/00</u> through <u>9/30/00</u>		
6. (a) Cash on Hand January 1, 19 2000		\$ 13,453.81
(b) Cash on Hand at Beginning of Reporting Period	\$ 23,481.08	
(c) Total Receipts (from Line 19)	\$ 23,310.00	\$ 64,205.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 46,791.08	\$ 77,658.81
7. Total Disbursements (from Line 30)	\$ 23,752.10	\$ 54,619.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 23,038.98	\$ 23,038.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 3,476.93	

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 10-12-00

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FED FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: **ARAB AMERICAN LEADERSHIP PAC**

REPORT COVERING PERIOD
FROM: **7/1/00** TO: **9/30/00**

	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)	21,000.00	58,300.00	11(a)(i)
ii. Unitemized	1,310.00	2,905.00	11(a)(ii)
iii. Total (add i and ii) >	22,310.00	61,205.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	1,000.00	1,000.00	11(c)
d. Total Contributions (add a ii, b and c) >	23,310.00	62,205.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		2,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	23,310.00	64,205.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	23,310.00	64,205.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	1,752.10	5,119.83	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	1,752.10	5,119.83	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	22,000.00	48,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >		1,000.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	23,752.10	54,619.83	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	23,752.10	54,619.83	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	23,310.00	64,205.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	23,310.00	64,205.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	1,752.10	5,119.83	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	1,752.10	5,119.83	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER (11) & 12

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)

ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SABA SHAMI 6340 OLDE TOWNE COURT ALEX., VA. 22307	WASHINGTON WORKS	7/5/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT		
	Aggregate Year-to-Date	> \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BASIM MANSOUR 6667 S KINGS HIGHWAY ALEX., VA. 22306	SELF EMPLOYED	7/5/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$ 1,250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JAMIL SHAMI 7130 Forestwood ST. MCLEAN VA. 22101	SAUDI EMBASSY	7/5/00	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR, CULTURAL AFFAIRS		
	Aggregate Year-to-Date	> \$ 2,250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICHAEL OLWAN 8614 CHERRY DR. FAIRFAX, VA. 22031	SELF EMPLOYED	7/5/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ACCOUNTANT		
	Aggregate Year-to-Date	> \$ 600.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RHONDA SALEM 6611 HEIDI CT. MCLEAN, VA. 22101	HOUSEWIFE	7/5/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ABDURAHMAN ALAMOUDI 3606 FOREST DR. ALEX., VA. 22302	AMER. MUSLIM FOUNDATION	7/5/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT		
	Aggregate Year-to-Date	> \$ 3,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ABDULWAHAB ALKBEISI PO BOX 24789 WEST BETHESDA, MD. 20827	ABAAF AMER. MUSLIM ASSOC.	7/5/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR		
	Aggregate Year-to-Date	> \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) 7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 4
 JOB LINE NUMBER (12) A 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HELEN SAMHAN 6333 LAKEWOOD DR. FALLS CHURCH, VA. 22041	ARAB AMERICAN INSTITUTE	7/5/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KHALED SAFFURI 1920 L, ST. N.W. WASHINGTON, D.C. 20036	ISLAMIC INSTITUTE	7/5/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE DIRECTOR	Aggregate Year-to-Date > \$ 1,200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MOHAMMED KHURSHEED 3300 N ELDORADO DR. LONG BEACH, CA. 90808	MULLIKIN MEDICAL CENTER	7/20/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DOCTOR	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BASSAM KHAWAM 15377 WEST GRANDVIEW AVE MEADVILLE, PA. 16335	SELF EMPLOYED	7/27/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ENGINEER	Aggregate Year-to-Date > \$ 2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMAL AWAMLEH PO BOX 22586 ALEX., VA. 22304	ABC TOURS&TRANSPORTATION	7/27/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OPM	Aggregate Year-to-Date > \$ 1,250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAMIR JUMAILI 8613 HILLTOP RD. VIENNA, VA. 22180	ABD EXPORT INC.	7/27/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESSMAN	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALI JAWAD 201 HAMPSHIRE CT. DEARBORN, MI 48124	ARMADA CORPORATION	8/8/00	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 2,750.00	

SUBTOTAL of Receipts This Page (optional) 6,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER (17) 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)

Arab American Leadership PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Robert Coury 7097 Fitch Road Olmsted Falls, OH 44138	Berea Commons Management	08/22/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President and CEO		
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Mahya Mossa-Basha 4045 13 Mile Road Royal Oak, MI 48073	Basha Diagnostics	08/23/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor		
	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Waffiya El Hassany 4952 Sentinel Drive, # 206 Bethesda, MD 20816		09/25/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Rudy Midani 8331 Burkhart Circle Houston, TX 77055	Silverwood	09/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Builder		
	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR. Hossam Fadel 3503 Lost Tree Court Augusta, GA 30907	Self-employed	09/25/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician		
	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James Zogby 6319 Western Ave, NW Washington, DC 20015	Arab American Institute	09/26/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date > \$ 4,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR. Ahmad Abul-Ela 2575 Blossom Lane New Castle, PA 16105	Self-Employed	09/27/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician		
	Aggregate Year-to-Date > \$ 2,000.00		

SUBTOTAL of Receipts This Page (optional)

5,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4

FOR LINE NUMBER
(11)

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)

Arab American Leadership PAC

A. Full Name, Mailing Address and ZIP Code Dr. Khalil Hamad 25 Oriole Court Naperville, IL 60548 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Mr. A. Raouf Bouhaouala 1438 Mayflower Drive McLean, VA 22101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Dr. Samir Abu-Ghazaleh 8901 E. Hidden Valley Road Sioux Falls, SD 57110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 09/27/00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) 1,500.00

TOTAL This Period (last page this line number only) 21,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **1**
FOR LINE NUMBER **11c**

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)
ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code FRIENDS OF KRISTINE GEORGE 1585 WEST 117th ST. CLEVELAND, OH 44107		Name of Employer POLITICAL COMMITTEE Occupation	Date (month, day, year) 8/2/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ABRAHAM FOR SENATE 2000 26555 EVERGREEN RD #1220 SOUTHFIELD, MI 48076	CAMPAIGN CONTRIBUTIO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-14-00	1,000.
B. Full Name, Mailing Address and ZIP Code BARBARA LEE FOR CONGRESS PO BOX 29164 OAKLAND, CA. 94604	CAMPAIGN CONTRIBUTIO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
C. Full Name, Mailing Address and ZIP Code BRADY FOR CONGRESS 1412 WALNUT ST., PHILA. PA. 19102	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
D. Full Name, Mailing Address and ZIP Code CITIZENS FOR DANNER PO BOX 143 SMITHVILLE, MO. 64089	CAMPAIGN CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/7/00 9/18/00	1,000. 1,000.
E. Full Name, Mailing Address and ZIP Code CITIZENS FOR TONY HALL BOX E, MIDCITY STATION DAYTON, OH 45402	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
F. Full Name, Mailing Address and ZIP Code DALE KILDEE FOR CONGRESS PO BOX 2884 WASHINGTON, D.C.	CAMPAIGN CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
G. Full Name, Mailing Address and ZIP Code DANNY DAVIS FOR CONGRESS PO BOX 5167 CHICAGO, IL 60689	CAMPAIGN CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
H. Full Name, Mailing Address and ZIP Code DAVE CAMP FOR CONGRESS PO BOX 423 MIDLAND, MI. 48640	CAMPAIGN CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
I. Full Name, Mailing Address and ZIP Code DINGELL FOR CONGRESS 5467 SCHAEFER RD. DEARBORN, MI. 48126	CAMPAIGN CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.

SUBTOTAL of Disbursements This Page (optional)

10,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF MAURICE HINCHEY PO BOX 449 KINGSTON, N.Y. 12402	CAMPAIGN CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
FRIENDS OF SHERWOOD BOEHLERT PO BOX C UTICA., N.Y. 13503	CAMPAIGN CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
JESSE JACKSON, JR. FOR CONGRESS PO BOX 49286 CHICAGO, IL 60649	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
KAPTUR FOR CONGRESS PO BOX 899 TOLEDO, OH 43691	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
KIRPATRICK FOR CONGRESS PO BOX 32175 DETROIT, MI. 48232	CAMPAIGN CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
KNOLLENBERG FOR CONGRESS 27867 ORCHARD LAKE RD. FARMINGTON HILLS, MI 48334	CAMPAIGN CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
RE-ELECT CONG. KUCINCH COMMITTEE PO BOX 110475 CLEVELAND, OH 44111	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
RIVERS FOR CONGRESS PO BOX 8193 ANN ARBOR, MI 48107	CAMPAIGN CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
SHEILA JACKSON-LEE FOR CONGRESS 3401 LA BRANCH ST. HOUSTON, TX. 77004	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.

SUBTOTAL of Disbursements This Page (optional)

9,000.

TOTAL This Period (See page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SUNUNU FOR CONGRESS PO BOX 500 RYE, N.H. 03870	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/00	1,000.
B. Full Name, Mailing Address and ZIP Code TOM DAVIS FOR CONGRESS PO BOX 483 DUNN LORINC, VA. 22027	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
C. Full Name, Mailing Address and ZIP Code TRAFICANT FOR CONGRESS PO BOX 1772 YOUNGTOWN, OH 44501	CAMPAIGN CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/12/00	1,000.
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

3,000.

TOTAL This Period (last page this line number only)

22,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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)

ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ARAB AMERICAN INSTITUTE 1600 K ST. N.W. #601 WASHINGTON, D.C. 20006	RECEPTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/8/00	127.50
ARAB AMERICAN INSTITUTE 1600 K ST. N.W. #601 WASHINGTON, D.C. 20006	PHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/8/00	4.52
ARAB AMERICAN INSTITUTE 1600 K ST. N.W. #601 WASHINGTON, D.C. 20006	OVERHEAD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/8/00	340.77
ARAB AMERICAN INSTITUTE 1600 K ST. N.W. #601 WASHINGTON, D.C. 20006	PERSONNEL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/8/00	406.30
BYRON ADAMS 1615 L ST. N.W. WASHINGTON, D.C. 20036	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/18/00	873.01

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,752.10

SCHEDULE D
(Revised 3/90)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
ARAB AMERICAN LEADERSHIP PAC				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K STREET, N.W. WASHINGTON D.C. 20006	4.52	.51	4.52	.51
Nature of Debt (Purpose): PHONE				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K STREET, N.W. WASHINGTON, D.C. 20006	406.30	369.61	406.30	369.61
Nature of Debt (Purpose): PERSONNEL				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K STREET, N.W. WASHINGTON, D.C. 20006	340.77	382.95	340.77	382.95
Nature of Debt (Purpose): OVERHEAD				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K STREET, N.W. WASHINGTON, D.C. 20006	127.50		127.50	
Nature of Debt (Purpose): SUPPLIES				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K STREET, N.W. WASHINGTON, D.C. 20006		123.86		123.86
Nature of Debt (Purpose): POSTAGE				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor INTERNATIONAL GRAPHICS 10710 TUCKER ST. BELTSVILLE, MD. 20705		2,600.		2,600.
Nature of Debt (Purpose): PRINTING				
1) SUBTOTALS This Period This Page (optional)				3,476.93
2) TOTALS This Period (last page in this line only)				6,700.00
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)				

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10/13/06 POSTMARKED
<input type="checkbox"/> First Class Mail	POSTMARKED (R/C)
<input type="checkbox"/> Registered/Certified Mail	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

 PREPARER

10/13/06
DATE PREPARED