

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 FEB -7 P 2:07

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**St Louisians For Better Government**

ADDRESS (number and street) Check if different than previously reported  
**40 Bernard Pasternak**

**801 S. Skinker #106**

CITY, STATE and ZIP CODE  
**St. Louis, MO 63105**

2. FEC IDENTIFICATION NUMBER  
**C-00148155**

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT *Note: In accordance with correspondence from the FEC dated 12/93, this committee has satisfied criteria of multicandidate status prior to 1/1/99*

(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	<b>July 1, 1999 through December 31, 1999</b>		
6. (a) Cash on Hand January 1, 1999			\$ 14,617.95
6. (b) Cash on Hand at Beginning of Reporting Period		\$ 32,587.84	
6. (c) Total Receipts (from Line 19)		\$ 8,200.31	\$ 40,499.19
6. (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 40,788.15	\$ 47,961.10
7. Total Disbursements (from Line 30)		\$ 26,790.44	\$ 27,953.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 14,007.71	\$ 14,007.71
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 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 572.45	
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 <b>Bernard Pasternak</b>		Date <b>January 31, 2000</b>	
Signature of Treasurer <i>Bernard Pasternak</i>			

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

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FEC FORM 3X  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE

*St. Louisians for Better Government*

REPORT COVERING PERIOD

FROM *July 1, 1999* TO *Dec 31, 1999*

		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	<i>8,100.00</i>	<i>40,350.00</i>	11(a)(1)
ii.	Unitemized			11(a)(2)
iii.	Total (add i and ii) >	<i>8,100.00</i>	<i>40,350.00</i>	11(a)(3)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a, b and c) >	<i>8,100.00</i>	<i>40,350.00</i>	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, Rebores, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	<i>100.31</i>	<i>149.19</i>	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>8,200.31</i>	<i>40,499.19</i>	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	<i>8,200.31</i>	<i>40,499.19</i>	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i.	Federal Share			21(a)(2)
ii.	Non-Federal Share	<i>1,780.44</i>	<i>2,953.43</i>	21(b)
b.	Other Federal Operating Expenditures	<i>1,780.44</i>	<i>2,953.43</i>	21(c)
c.	Total Operating Expenditures (add a, i, ii, and b) >			22
22.	Transfers to Affiliated/Other Party Committees	<i>25,000.00</i>	<i>25,000.00</i>	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees			24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			28(a)
28.	Refunds of Contributions To:			28(b)
a.	Individuals/Persons Other Than Political Committees			28(c)
b.	Political Party Committees			28(d)
c.	Other Political Committees (such as PACs)			29
d.	Total Contribution Refunds (add a, b and c) >			30
29.	Other Disbursements	<i>26,780.44</i>	<i>27,953.43</i>	31
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>26,780.44</i>	<i>27,953.43</i>	32
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >			33
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans) (from line 11d)	<i>8,100.00</i>	<i>40,350.00</i>	34
33.	Total Contribution Refunds (from line 28d)			35
34.	Net Contributions (other than loans) (subtract line 33 from line 32)			36
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	<i>1,780.44</i>	<i>2,953.43</i>	37
36.	Offsets to Operating Expenditures (from line 15)			
37.	Net Operating Expenditures (subtract line 36 from line 35) >	<i>1,780.44</i>	<i>2,953.43</i>	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 11a1

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)

St. Louisans For Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Yetra Goldberg 9256 Tulane St. Louis, MO 63132	Delmar Gardens Enterprises	7/25/99	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Board Member	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
Sydney Jacobs 15 Winding Brook St. Louis, MO 63124	Self	7/22/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investments	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
Henry Grossberg 14440 Ladue Rd. Chesterfield, MO 63017	Delmar Gardens, Inc.	8/15/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Driving home agent.	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
Morris Lazaroff 72 Meadowbrook County Club Ballwin, MO 63011	Clean Coverall	8/2/99 11/5/99	250.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Miriam Mettler 3007 W. Kunt Carbondale, IL 62901	Southern IL Univ.	9/7/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Social Worker	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bernard Pasternak 901 S. Skinker, 10C St. Louis, MO 63105	Pasternak & Co.	9/13/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CPA	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
David Smith 7323 Maryland Ave St. Louis, MO 63130	One McKnight Place	9/1/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Executive	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

5,500.00

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 2  
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

St. Louisans for Better Government

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Kleiger 4333 L Laclede St. Louis, MO 63108	Washington University	10/22/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: M.D.	Aggregate Year-to-Date: \$ 100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morris Lefton 111 Westport Plaza, # 700 St. Louis, MO 63146	Metal Exchange Corp.	10/21/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive	Aggregate Year-to-Date: \$ 6	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Hogel 931 Shawbridge St. Louis, MO 63017	Self	9/24/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	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
Jo Ann Raskas 750 S. Hanley St. Louis, MO 63105		9/27/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date: \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allan Hoffman 3 Rolling Rock St. Louis, MO 63124	Self	11/10/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Real Estate	Aggregate Year-to-Date: \$ 1,000.00	
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):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: \$	

SUBTOTAL of Receipts This Page (optional)

2,660.00

TOTAL This Period (last page this line number only)

9,100.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

*St. Louisians for Better Government*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Union Planters Bank 1401 S. Brentwood St. Louis, MO 63144		7/16/99	13.07
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Interest</i>	Occupation	8/17/99	13.57
		9/17/99	12.39
		10/15/99	11.86
		11/16/99	23.89
	Aggregate Year-to-Date	12/16/99	25.53
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):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$

SUBTOTAL of Receipts This Page (optional) 100.31

TOTAL This Period (last page this line number only) 100.31

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

St. Louisians for Better Government

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Treasury	Federal withholding and FICA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/99 10/20/99	58.52 77.79
Ruth Korman 1432 Woodland Dr St. Louis, MO 63117	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/99 10/1/99 11/30/99 12/30/99	283.61 334.68 346.28 223.05
Ruth Korman 1432 Woodland Dr St. Louis, MO 63117	Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/2/99 10/1/99 11/30/99 12/30/99	94.72 77.00 189.08 95.76
Union Planters Bank 1401 S. Brentwood St. Louis, MO 63144	Bank Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99 12/16/99	75.00 80
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,780.44
TOTAL This Period (last page this line number only)	1,780.44

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)

St. Louisians for Better Government

CA  
WA  
MD  
VA  
NE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lieberman 2000 236 Massachusetts Ave, NE Washington, D.C. 20002	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/17/99	5,000.00
A lot of people who support Jeff Bingaman 236 Massachusetts Ave, NE Washington, DC 20002	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/99	5,000.00
Citizens For Sarbanes P.O. Box 26222 Baltimore, MD 21210	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/7/99	5,000.00
Robb For Senate 424 C Street NE Washington, DC 20002	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/99	5,000.00
Kerry for U.S. Senate 7602 Pacific St., LL 103 Omaha, NE 68114	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/99	5,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

25,000.00

TOTAL This Period (last page this line number only)

25,000.00

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<i>St. Louisians for Better Government</i>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Internal Revenue Service Kansas City, MO 64999</i>	<i>7.50</i>	<i>12.72</i>		<i>20.22</i>
Nature of Debt (Purpose): <i>Federal Unemployment Tax</i>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Pasternak &amp; Co. 7710 Carondelet St. Louis, MO 63105</i>	<i>101.57</i>	<i>3.42</i>		<i>104.99</i>
Nature of Debt (Purpose): <i>Postage</i>				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Internal Revenue Service Kansas City, MO 64999</i>	<i>58.52</i>	<i>455.23</i>	<i>136.31</i>	<i>377.24</i>
Nature of Debt (Purpose): <i>Social Security &amp; Medicare</i>				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <i>Missouri Dept of Revenue Jefferson City, MO 65102</i>		<i>70.00</i>		<i>70.00</i>
Nature of Debt (Purpose): <i>State Withholding</i>				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				<i>572.45</i>
2) TOTALS This Period (last page in this line only)				<i>572.45</i>
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)				<i>572.45</i>



**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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/31/08
<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	
 <i>J.A.D.</i> PREPARER	 2/3/08 DATE PREPARED