

AmerUs Group
699 Walnut Street
Des Moines, IA 50309-3948
Mailing Address:
P.O. Box 1555
Des Moines, IA 50306-1555
515/362-3600

AmerUs Group
Political Action Committee

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -9 1:11

AMERUS
Group

CERTIFIED MAIL/RETURN RECEIPT

January 31, 2000

Public Records Office
Federal Election Commission
999 E Street, NW
Washington, DC 20463

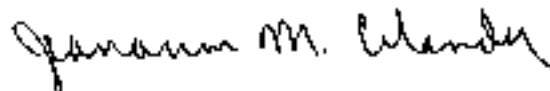
RE: AmerUs Group Political Action Committee
FEC ID# C00180901

Dear Sir or Madam:

Enclosed is the AmerUs Group Political Action Committee's January 31 Year End Report for the reporting period July 1, 1999 through December 31, 1999.

If you have any questions, please contact our office. Thank you.

Sincerely,



Jeanette M. Celander
Assistant Secretary

Enclosure (1)

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB -9 P 1:12

USE FEC MAILING LABEL
OR
TYPE OR PRINT

NAME OF COMMITTEE OR INDIVIDUAL
C00180901 121499
P Z36 JAMES A SMALLENBERGER
AMERUS GROUP POLITICAL ACTION COMMITTEE
611 FIFTH AVENUE
DES MOINES IA 50305

2. FEC IDENTIFICATION NUMBER
C00180901

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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	7/1/1999	through	12/31/1999	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7/1/1999	through	12/31/1999		
6. (a) Cash on Hand January 1, 1999					\$ 15,402.76
(b) Cash on Hand at Beginning of Reporting Period				\$ 20,612.82	
(c) Total Receipts (from Line 19)				\$ 8,366.68	\$ 14,076.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)				\$ 28,979.50	\$ 29,479.50
7. Total Disbursements (from Line 30)				\$ 8,250.00	\$ 8,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))				\$ 20,729.50	\$ 20,729.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)				\$ —	
10. Debts and Obligations Owed BY 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 202-684-1100

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
James A. Smallenberger

Signature of Treasurer
J. A. Smallenberger

Date
1/28/2000

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 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE Ametis Group Political Action Committee		REPORT COVERING PERIOD FROM 7/1/1999 TO 12/31/1999	
		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)		6,304.08	10,474.14
ii. Unitemized		2,062.60	3,602.60
iii. Total (add i and ii) >		8,366.68	14,076.74
b. Political Party Committees		—	—
c. Other Political Committees (such as PACs)		—	—
d. Total Contributions (add a ii, b and c) >		8,366.68	14,076.74
12. Transfers From Affiliated/Other Party Committees		—	—
13. All Loans Received		—	—
14. Loan Repayments Received		—	—
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		—	—
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		—	—
17. Other Federal Receipts (Dividends, Interest, etc.)		—	—
18. Transfers from Nonfederal Account for Joint Activity		—	—
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		8,366.68	14,076.74
20. Total Federal Receipts (subtract line 18 from line 19) >		8,366.68	14,076.74
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		—	—
i. Federal Share		—	—
ii. Non-Federal Share		—	—
b. Other Federal Operating Expenditures		—	—
c. Total Operating Expenditures (add a i, a ii, and b) >		—	—
22. Transfers to Affiliated/Other Party Committees		—	—
23. Contributions to Federal Candidates/Committees and Other Political Committees		4,000.00	3,500.00
24. Independent Expenditures (use Schedule E)		—	—
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		—	—
26. Loan Repayments Made		—	—
27. Loans Made		—	—
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		—	—
b. Political Party Committees		—	—
c. Other Political Committees (such as PACs)		—	—
d. Total Contribution Refunds (add a, b and c) >		4,250.00	5,250.00
29. Other Disbursements		—	—
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		8,250.00	8,750.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		8,250.00	8,750.00
iii. Net Contributions/Operating Expenditures		—	—
32. Total Contributions (other than loans)(from line 11d)		8,366.68	14,076.74
33. Total Contribution Refunds (from line 28d)		—	—
34. Net Contributions (other than loans)(subtract line 33 from 32)		8,366.68	14,076.74
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		—	—
36. Offsets to Operating Expenditures (from line 15)		—	—
37. Net Operating Expenditures (subtract line 36 from 35) >		—	—

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
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 committees.

NAME OF COMMITTEE (in Full)
AnerUs Group Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Adkins, Dempsey 9445 Harmonmeese Drive Des Moines, IA 50322	AnerUs Life Insurance Co. P.O. Box 1555 Des Moines, IA 50306-1555 Occupation SVP-Career System Mktg	Payroll Deduction	\$160.00 (\$25/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 310.00		
B. Full Name, Mailing Address and ZIP Code Bauer, Kathy J. Box 182 Malcher, IA 50163	AnerUs Life Insurance Co. PO box 1555 Des Moines, IA 50306-1555 Occupation VP - Human Resources	Payroll Deduction	\$200.00 (4 @ \$25/month 2 @ \$30/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 380.00		
C. Full Name, Mailing Address and ZIP Code Brooks, Roger K. 300 Walnut Street Des Moines, IA 50309	AnerUs Life Holdings, Inc. PO Box 1555 Des Moines, IA 50306-1555 Occupation Chairman, President and CEO	Payroll Deduction	\$1,000.00 (4@ \$150/month 2@ \$200/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,900.00		
D. Full Name, Mailing Address and ZIP Code Daley, Victor N. 4131 Plumwood Drive West Des Moines, IA 50265	AnerUs Life Holdings, Inc. PO Box 1555 Des Moines, IA 50306-1555 Occupation SVP-Chief Adm'n & HR Officer	Payroll Deduction	\$300.00 (\$50/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
E. Full Name, Mailing Address and ZIP Code Davis, Phyllis 9104 Indian Hills Drive Des Moines, IA 50325	AnerUs Life Insurance Co. PO Box 1555 Des Moines, IA 50306-1555 Occupation Actuarial VP-Life Valuation	Payroll Deduction	\$180.00 (\$30/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 390.00		
F. Full Name, Mailing Address and ZIP Code Fraizer, Michael G. 5566 Little Leaf Trail West Des Moines, IA 50266	AnerUs Life Holdings, Inc. PO Box 1555 Des Moines, IA 50306-1555 Occupation SVP & CFO	Payroll Deduction	\$333.36 (4@ \$41.67/month 2@ \$83.34/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 583.36		
G. Full Name, Mailing Address and ZIP Code Ocdlasky, Thomas C. 1516 South 42nd Street West Des Moines, IA 50265	AnerUs Life Holdings, Inc. PO Box 1555 Des Moines, IA 50306-1555 Occupation SVP & CIO	Payroll Deduction	\$650.00 (4@ \$100/month 2@ \$125/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,250.00		

SUBTOTAL of Receipts This Page (optional) \$2,823.36

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

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)

AmerUs Group Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Griffin, Lee 1648 Johnson Ames, IA 50010	AmerUs Home Equity 1901 Bell Avenue Des Moines, IA 50309 Occupation: President & COO	Payroll Deduction	\$250.00 (2@ \$125/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Rogarty, Joseph K. 601 S. 33rd Street West Des Moines, IA 50265	AmerUs Life Holdings, Inc PO Box 1555 Des Moines, IA 50306-1555 Occupation: SVP & General Counsel	Payroll Deduction	\$286.68 (4@ \$41.67/month 2@ \$60/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 536.70		
C. Full Name, Mailing Address and ZIP Code Benson, Marcia S. 760 Walnut Ridge Drive Waukee, IA 50263	AmerUs Life Holdings, Inc. PO Box 1555 Des Moines, IA 50306-1555 Occupation: EVP - Corp. Dev	Payroll Deduction	\$510.00 (8@ \$85/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,020.00		
D. Full Name, Mailing Address and ZIP Code Jones, Darne E. 4207 Forest Avenue Des Moines, IA 50311	AmerUs Life Insurance Co. PO Box 1555 Des Moines, IA 50306-1555 Occupation: Regional VP	Payroll Deduction	\$140.00 (4@ \$20/month 2@ \$30/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
E. Full Name, Mailing Address and ZIP Code Kalainov, Sam C. 681 50th Street Des Moines, IA 50312	AmerUs Group Co PO Box 1555 Des Moines, IA 50306-1555 Occupation: Chairman Emeritus	Payroll Deduction	\$600.00 (1@ \$100/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,200.00		
F. Full Name, Mailing Address and ZIP Code Talbot, Jenna 2011 Ashworth Road West Des Moines, IA 50265	AmerUs Life Holdings, Inc. PO Box 1555 Des Moines, IA 50306-1555 Occupation: SVP - Communications	Payroll Deduction	\$300.00 (6@ \$50/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
G. Full Name, Mailing Address and ZIP Code Owens, Douglas K. 7173 Romel Place West Des Moines, IA 50265	AmerUs Life Holdings, Inc. PO Box 1555 Des Moines, IA 50306-1555 Occupation: VP-Corp, HRIS, Payroll	Payroll Deduction	\$164.00 (4@ \$20/month 2@ \$42/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 284.00		

SUBTOTAL of Receipts This Page (optional)

\$2,250.68

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
 AmerUs Group Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shallenberger, James A. 12906 NW 127th Court Des Moines, IA 50325	AmerUs Life Holdings, Inc. PO Box 1555 Des Moines, IA 50306-1555	Payroll Deduction	\$250.04 (4@ \$41.67/month 2@ \$41.68/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP and Secretary	Aggregate Year-to-Date > \$ 500.00	
a. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Streck, Linda 816 55th Street West Des Moines, IA 50266	AmerUs Life Insurance Co PO box 1555 Des Moines, IA 50306-1555	Payroll Deduction	\$80.00 (4@ \$20/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP and Actuary	Aggregate Year-to-Date > \$ 200.00	
c. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wittenwyler, Ronald P. 6030 N. Waterbury Road Des Moines, IA 50312	AmerUs Life Insurance Co PO Box 1555 Des Moines, IA 50306-1555	Payroll Deduction	\$150.00 (5@ \$25/month)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & Chief Actuary	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cushing, Brenda J. 4909 Stonebridge Road West Des Moines, IA 50265	AmerUs Life Holdings, Inc. PO Box 1555 Des Moines, IA 50306-1555	9/3/99	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP and Treasurer	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barris, Gene C. 225 S. 27th Street West Des Moines, IA 50265	AmerUs Capital Mgmt. PO Box 1555 Des Moines, IA 50306-1555	8/31/99	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP - Structured Finance	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Heitz, Mark V. 260 Yorkshire Topeka, KS 66603	Amvestors Financial Corp 555 S Kansas Ave Topeka, KS 66603	8/31/90	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President and CEO	Aggregate Year-to-Date > \$ 250.00	
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) \$1,230.04

TOTAL This Period (last page this line number only) \$6,304.08

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
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)

AmeriBa Group Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LifePac ACLI 1001 Pennsylvania Ave, N.W. Washington, DC 20004-2599	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Industry	9/21/99	\$3,000.00
B. Full Name, Mailing Address and ZIP Code Nussle for Congress Committee PO Box 324	Purpose of Disbursement Contribution: to replace check never cashed Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/13/99	\$1,000.00
C. 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
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)

\$4,000.00

TOTAL This Period (last page this line number only)

\$4,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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 committees.

NAME OF COMMITTEE (in Full)

Ameris Group Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Iowans for Vilasack/Pederson PO Box 958 Des Moines, IA 50304	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Governor 1999	8/10/99	\$2,500.00
B. Full Name, Mailing Address and ZIP Code Committee to Elect Metcalf 4017 Mary Lynn Drive Urbandale, IA 50322	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) IA Leg. 1999	9/8/99	\$250.00
C. Full Name, Mailing Address and ZIP Code Iowans for Vilasack/Pederson PO Box 958 Des Moines, IA 50304	Contribution to replace lost check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Governor 1998	12/13/98	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Citizens for Gonzalez 2615 Avenue F Council Bluffs, IA 51501	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) IA Leg-1999	10/28/1999	\$500.00
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)

\$4,250.00

TOTAL This Period (last page this line number only)

\$4,250.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-31-00
<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>JL</i> PREPARER	2-7-00 DATE PREPARED