REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION 11 13 AM '00

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
City Political Action Committee (City PAC)

ADDRESS (number and street) ☐ Check if different than previously reported
C/o Matt Witzen PO Box 1198

CITY, STATE and ZIP CODE
Chicago, IL 60690-1198

2. FEC IDENTIFICATION NUMBER
C00187526

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

☐ 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 04/01/00 through 06/30/00		
6. (a) Cash on Hand January 1, 2000		$ 92,253.83
(b) Cash on Hand at Beginning of Reporting Period	$ 64113.64	
(c) Total Receipts (from Line 19)	$ 0	$ 2825.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 64,113.64	$ 85,078.83
7. Total Disbursements (from Line 30)	$ 9128.34	$ 30,093.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 54985.30	$ 54,985.30
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 202-694-1100

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
Matt Witzen

Signature of Treasurer
Matthew L. Witzen

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)

FEMA01ZIPDF

SCHEDULE B **ITEMIZED DISBURSEMENTS**

ADDITIONAL ITEMS - 6 MONTHS ENDED DEC 31, 1999

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

PAGE 1 OF 2

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

CITY POLITICAL ACTION COMMITTEE (CITYPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BANK LEUMI N. LA SALLE ST CHICAGO, ILL	LOAN BALANCE CHARGE Disbursement for: [ ] Primary [ ] General [X] Other (specify) OFFICE EXP	07/01/99	20.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERICAN NAT'L BANK (ANB) 120 S. LaSalle ST CHICAGO, ILL	CREDIT CARD CHARGES Disbursement for: [ ] Primary [ ] General [X] Other (specify) OFFICE EXP	07/26/99	43.05
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERITECH CAROL STREAM, ILL	OFFICE TELEPHONE Disbursement for: [ ] Primary [ ] General [X] Other (specify) OFFICE EXP	07/23/99	39.06
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
UNIVERSAL DESIGN, INC LOUISVILLE, KY	WEB-SITE MAINTENANCE Disbursement for: [ ] Primary [ ] General [X] Other (specify) OFFICE EXP	07/23/99	75.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STEPPIN' OUT N. CLARK ST CHICAGO, ILL	ADVERTISING Disbursement for: [ ] Primary [ ] General [X] Other (specify) FUND-RAISING	07/10/99	30.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
UNIVERSAL DESIGN, INC LOUISVILLE, KY	WEB-SITE MTC Disbursement for: [ ] Primary [ ] General [X] Other (specify) OFFICE EXP	08/14/99	75.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ANB 120 S. LaSalle CHGO, ILL	CREDIT CARD CHARGES Disbursement for: [ ] Primary [ ] General [X] Other (specify) OFFICE EXP	08/31/99	833.52
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERITECH CAROL STREAM, IL	OFFICE TELEPHONE Disbursement for: [ ] Primary [ ] General [X] Other (specify) OFFICE EXP	9/14/99	43.09
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ANB 120 S. LaSalle ST CHGO, ILL	CREDIT CARD CHARGES Disbursement for: [ ] Primary [ ] General [X] Other (specify) OFFICE EXP	10/05/99	403.19

SUBTOTAL of Disbursements This Page (optional) 1,561.91

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Additional Items - 6 months ended Dec 31, 1999

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 21 OF 2
	FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
City Political Action Committee (CityPac)

A. Full Name, Mailing Address and ZIP Code ANB 120 S. La Salle CHGO Ill	Purpose of Disbursement Credit Card Charges Disbursement for: [ ] Primary [ ] General [X] Other (specify) Office Exp	Date (month, day, year) 11/02/99	Amount of Each Disbursement This Period 41.15
B. Full Name, Mailing Address and ZIP Code ANB 120 S. LaSalle CHGO, Ill	Purpose of Disbursement Credit Card Charges Disbursement for: [ ] Primary [ ] General [X] Other (specify) Office Exp	Date (month, day, year) 12/29/99	Amount of Each Disbursement This Period 41.15
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)	82.30
TOTAL This Period (last page this line number only)	1,644.21

FORM 12 (PDF)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Additional Items - Two Months Ended February 29, 2000

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

PAGE ___ OF ___

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
City Political Action Committee (City/PAC)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code American National Bank (ANB) 120 S. La Salle Chicago Ill	Credit Card Fees Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Office Exp	01/31/00	41.70
B. Full Name, Mailing Address and ZIP Code ANB 120 S. La Salle Chicago Ill	Purpose of Disbursement Credit Card Fees Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Office Exp	02/24/00	86.05
C. Full Name, Mailing Address and ZIP Code Illinois Dept of Revenue Springfield, Ill	Purpose of Disbursement IL W/T (P/R) Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Office P/R Tax	01/17/00	60.90
D. Full Name, Mailing Address and ZIP Code IRS KC, Mo 64999	Purpose of Disbursement Federal Unemployment Tax Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Office P/R Tax	01/31/00	16.24
E. Full Name, Mailing Address and ZIP Code Illinois Dept of Revenue Spring Field, Ill	Purpose of Disbursement State Unemployment Tax Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Office P/R Tax	01/31/00	12.18
F. Full Name, Mailing Address and ZIP Code Ameritech Carol Stream, Ill	Purpose of Disbursement Office Telephone Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Office Exp	02/01/00	34.81
G. Full Name, Mailing Address and ZIP Code Ameritech Carol Stream, Ill	Purpose of Disbursement Office Telephone Disbursement for: ☐ Primary ☐ General ☒ Other (specify) Office Exp	02/18/00	34.24
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) 286.12

TOTAL This Period (last page this line number only) 286.12

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE ___ OF ___

FOR LINE NUMBER

Additional Items - One Month Ended March 31, 2000

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NAME OF COMMITTEE (In Full)

City Political Action Committee (City PAC)

A. Full Name, Mailing Address and ZIP Code American National Bank 120 S. La Salle Chicago, Ill	Purpose of Disbursement Credit Card Fees Disbursement for: ☐ Primary ☐ General ☒ Other (specify) office exp	Date (month, day, year) 03/31/00	Amount of Each Disbursement This Period 56.51
B. 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
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)	
TOTAL This Period (last page this line number only)	56.51

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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
☒	First Class Mail	POSTMARKED 10/11/00
☐	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	

OR	10/14/00
PREPARER	DATE PREPARED

(6/2000)