REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUL -7 P 2:03

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
NATIONAL ASSOCIATION OF DEVELOPMENT COMPANIES 504 PAC

ADDRESS (number and street) ☐ Check if different than previously reported
2595 EAST 3300 SOUTH

CITY, STATE and ZIP CODE
SALT LAKE CITY, UTAH 84109

2. FEC IDENTIFICATION NUMBER
C00332254

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 07/01/99 through 12/31/99		
6. (a) Cash on Hand January 1, 19 99		$ 4280.00
(b) Cash on Hand at Beginning of Reporting Period	$ 5,280.00	
(c) Total Receipts (from Line 18)	$ 5,450.00	$ 6,450.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 10,730.00	$ 10,730.00
7. Total Disbursements (from Line 30)	$ 2,250.00	$ 2,250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 8,480.00	$ 8,480.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

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: SCOTT G. DAVIS

Signature of Treasurer: [signature]

Date: 6/30/00

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 3/99)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X AMENDED (revised 1/1/91)

NAME OF COMMITTEE: NATIONAL ASSOCIATION OF DEVELOPMENT COMPANIES 504 PAC

REPORT COVERING PERIOD FROM 07/01/99 TO 12/31/99

	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)	5450.00	6450.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) ➤			11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	5450.00	6450.00	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			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) ➤	5450.00	6450.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5450.00	6450.00	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			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1250.00	1250.00	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. Individuals/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) ➤			28(d)
29. Other Disbursements	1000.00	1000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2250.00	2250.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2250.00	2250.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

SCHEDULE A **ITEMIZED RECEIPTS**

NO CHANGE

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

FOR LINE NUMBER

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)

NATIONAL ASSOCIATION OF DEVELOPMENT COMPANIES 504 PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ROSLYN D. GOLDMACHER 5 EDGEWOOD DR. HICKSVILLE, NY 11801 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: LONG ISLAND DEVEL. CORP. Occupation: FINANCE Aggregate Year-to-Date > $ 1,000.00	8/18/99	1,000.00
B. KURT CHILCOTT 4520 HIGHLAND AVE SAN DIEGO, CA 92115 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: CDC SMALL BUSINESS FINANCE Occupation: FINANCE Aggregate Year-to-Date > $ 1,000.00	8/27/99	1,000.00
C. BARBARA VOHRYZEK 2934 BOATHOUSE AVE. DAVIS, CA 95616 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: CALIFORNIA SMALL BUS CDC Occupation: FINANCE Aggregate Year-to-Date > $ 1,000.00	8/7/99	1,000.00
D. TIM C. PIERCE 5617 87TH PL. LUBBOCK, TX 79424 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: CAPROCK BUSINESS FINANCE Occupation: FINANCE Aggregate Year-to-Date > $ 100.00	10/12/99	100.00
E. MARLENE J. FLAGEL 1210 AGATE TRAIL DAYTON, OH 45459 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: COUNTY CORP DEVEL. DAYTON, OH Occupation: FINANCE Aggregate Year-to-Date > $ 100.00	10/13/99	100.00
F. IRA P. LUTSKY 3 PINE RIDGE RD RYE BROOK, NY 10573 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: NEW JERSEY BUSINESS FINANCE CORP Occupation: FINANCE Aggregate Year-to-Date > $ 1,000.00	11/9/99	1,000.00
G. MARY KROPP 924 AVENIDA MANANA NE. ALBUQUERQUE, NM 87110 Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Name of Employer: ENCHANTMENT LAND CDC Occupation: FINANCE Aggregate Year-to-Date > $ 500.00	11/8/99	500.00

SUBTOTAL of Receipts This Page (optional) > 4,700.00

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

SCHEDULE A

ITEMIZED RECEIPTS

NO CHANGE

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

PAGE 2 OF 2

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF DEVELOPMENT COMPANIES 504 PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIMOTHY MCDOWELL 6300 32nd AVE N. ST PETERSBURG, FL 33710	GULF COAST CDC	11/8/99	250.00
Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Occupation: FINANCE		
	Aggregate Year-to-Date > $ 250.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD REUSS 10150 WOLFF CT WESTMINSTER, CO. 80030	FRONT RANGE CDC	11/12/99	200.00
Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Occupation: FINANCE		
	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
PAULA KLEPPER 3758 SUNNYSIDE RD. SECRETARY, MD 21664	MID ATLANTIC BUSINESS FINANCE	11/11/99	300.00
Receipt For: ✓ Primary ☐ General ☐ Other (specify):	Occupation: FINANCE		
	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
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 750.00

TOTAL This Period (last page this line number only) > 5450.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF DEVELOPMENT COMPANIES 504 PAC - (AMENDED)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RE-ELECT NYDIA VELAZQUEZ TO CONGRESS 271 GRAND ST. BROOKLYN, NY 11211	CONTRIBUTION Disbursement for: ✓ Primary ☐ General ☐ Other (specify)	8/4/99	250.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RE-ELECT NYDIA VELAZQUEZ TO CONGRESS 271 GRAND ST BROOKLYN, NY 11211	CONTRIBUTION Disbursement for: ✓ Primary ☐ General ☐ Other (specify)	9/27/99	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TALENT FOR GOVERNOR 1031 EXECUTIVE PKWY #100 ST LOUIS, MO. 63141	CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify) NON FEDERAL	9/27/99	1000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 2250.00

TOTAL This Period (last page this line number only) 2250.00

FE5AN103

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
☑	Registered/Certified Mail	POSTMARKED (R/C) 7-3-00
☐	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	

PREPARER	7-6-00 DATE PREPARED

(6/2000)