REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Committee for a Livable Future

ADDRESS (number and street) ☐ Check if different than previously reported
c/o 921 SW Washington St. #470

CITY, STATE and ZIP CODE
Portland, OR 97205

2. FEC IDENTIFICATION NUMBER
C00323352

3. [X] 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

[X] 12-Day Pre-Election Report for the General (Type of Election) election on 11/7/00 in the State of OR

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/1/00 through 10/18/00		
6. (a) Cash on Hand January 1, 19____		$ 52,336.81
(b) Cash on Hand at Beginning of Reporting Period	$ 4,800.56	
(c) Total Receipts (from Line 19)	$ 23,363.00	$ 116,880.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 28,163.56	$ 169,216.81
7. Total Disbursements (from Line 30)	$ 16,270.88	$ 157,324.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 11,892.68	$ 11,892.68
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: Margaret Kirkpatrick

Signature of Treasurer: Margaret M Kirkpatrick

Date: 10/23/00

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)