REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 JUL 19 P 3:02

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
BROOKE HOLDINGS, INC. and JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGREGATED FUND

ADDRESS (number and street) ☐ Check if different than previously reported
5901 EXECUTIVE DRIVE

CITY, STATE and ZIP CODE
Lansing, Michigan 48911

2. FEC IDENTIFICATION NUMBER
C00254953

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 [X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 06/01/00 through 06/30/00		
6. (a) Cash on Hand January 1, XX 2000		$ 19607.46
(b) Cash on Hand at Beginning of Reporting Period	$ 32,777.81	
(c) Total Receipts (from Line 19)	$ 5,801.64	$ 28,371.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 38,579.45	$ 47,979.45
7. Total Disbursements (from Line 30)	$ 1,000.00	$ 10,400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 37,579.45	$ 37,579.45
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 202-219-3420

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
Robert Rhenicky

Signature of Treasurer

Date 7-18-00

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)

FE7AN047

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

(revised 1/1/81)

NAME OF COMMITTEE BROKE HOLDINGS, INC. and JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGREGATED FUND

REPORT COVERING PERIOD FROM 06/01/00 TO: 06/30/00

	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)	5,433.00	22,165.92	11(a)(i)
ii. Unitemized	368.64	6,206.07	11(a)(ii)
iii. Total ... (add i and ii) ➤	5,801.64	28,371.99	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions ... (add a ii, b and c) ➤	5,801.64	28,371.99	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) ➤	5,801.64	28,371.99	19
20. Total Federal Receipts ... (subtract line 18 from line 19) ➤	5,801.64	28,371.99	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) ➤	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	10,400.00	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) ➤	-0-	-0-	28(d)
29. Other Disbursements			29
30. Total Disbursements ... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1,000.00	10,400.00	30
31 Total Federal Disbursements ... (subtract line 21 a ii from line 30) ➤	1,000.00	10,400.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5,801.64	28,371.99	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,801.64	28,371.99	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

FEBAN121

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

BROOKE HOLDINGS, INC. AND JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGREGATED FUND

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Greg Cicotte P.O. Box 160 Belleville, MI 48112 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Regional Manager Aggregate Year-to-Date > $ 3,216.12	Payroll Deduction	608.05 (one payment)
B. Daniel Giddens 6404 White Oaks Road Harvard, IL 60033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Regional Manager Aggregate Year-to-Date > $ 540.25	Payroll Deduction	-0-
C. Mike Wells 16730 Via La Costa Pacific Palisades, CA 90272 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Regional President Aggregate Year-to-Date > $ 6,400.49	Payroll Deduction	1,127.74 (61.54 + 61.54 + 1,004.66)
D. Doug Kinder P.O. Box 348 Savannah, MS 64485 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Regional Manager Aggregate Year-to-Date > $ 2,298.68	Payroll Deduction	417.16 (40.38 + 40.38 + 336.40)
E. Scott Richardson 4515 Crestwick Point Atlanta, GA 30319 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Regional Manager Aggregate Year-to-Date > $ 1,914.85	Payroll Deduction	352.51 (40.38 + 40.38 + 271.75)
F. Clark Manning 2003 Birch Bluff Drive Okemos, MI 48864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Chief Operating Officer Aggregate Year-to-Date > $ 1,137.50	Payroll Deduction	262.50 (87.50 bi-weekly)
G. Scott Bouslog 3001 West 67th Terrace Mission Hills, KS 66208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Regional Manager Aggregate Year-to-Date > $ 584.77	Payroll Deduction	9.69 (3.23 bi-weekly)

SUBTOTAL of Receipts This Page (optional) > 2,777.65

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

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BROOKE HOLDINGS, INC. AND JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGREGATED FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeff Hardwick 7915 California Avenue, S.W. Seattle, WA 98136	Jackson National Life Insurance Co.	Payroll Deduction	222.12 (74.04 bi-weekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Regional Manager Aggregate Year-to-Date > $ 962.52		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Saltzman 6105 West Longview Drive East Lansing, MI 48823	Jackson National Life Insurance Co.	Payroll Deduction	75.00 (one payment)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President & CEO Aggregate Year-to-Date > $ 450.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Meyer 1470 Dennison East Lansing, MI 48823	Jackson National Life Insurance Co.	Payroll Deduction	133.26 (44.42 biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > $ 577.46		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Pietrzak 3545 Slorian Terrace Palm Harbor, FL 34685	Jackson National Life Insurance Co.	Payroll Deduction	331.69 (one payment)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Regional Manager Aggregate Year-to-Date > $ 894.46		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Berb May 20 Wamesit Road Newton, MA 02168	Jackson National Life Insurance Co.	Payroll Deduction	266.04 (one payment)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Regional Manager Aggregate Year-to-Date > $ 694.20		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bob Fritts 1710 Rockdale Lansing, MI 48917	Jackson National Life Insurance Co.	Payroll Deduction	109.05 (36.35 biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Vice President Aggregate Year-to-Date > $ 472.55		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dave LeRoux 28 DePaolo Court Roseland, NJ 07068	Jackson National Life Insurance Co.	Payroll Deduction	115.38 (38.46 biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Senior Vice President Aggregate Year-to-Date > $ 492.29		

SUBTOTAL of Receipts This Page (optional)	1,252.54
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full) BROOKE HOLDINGS, INC. and JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGREGATED FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Rhonda Grant 6830 Holmes Highway Eaton Rapids, Michigan 48827 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Company Occupation: Vice President Aggregate Year-to-Date > $ 420.03	Payroll Deduction	96.93 (32.31 biweekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alan Bahn 4445 Alta Tupelo Drive Calabasas, California 91302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Company Occupation: Sr. Vice President Aggregate Year-to-Date > $ 400.01	Payroll Deduction	92.31 (30.77 biweekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Timo Kokko 1906 Bonanza Drive Okemos, Michigan 48864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Company Occupation: Vice President Aggregate Year-to-Date > $ 395.46	Payroll Deduction	91.26 (30.42 biweekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
George Napoles 3692 Autumn Wood Drive Okemos, Michigan 48864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Company Occupation: Sr. Vice President Aggregate Year-to-Date > $ 400.01	Payroll Deduction	92.31 (30.77 biweekly)
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Brion Johnson 1783 Elk Lane Okemos, MI 48864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Company Occupation: Senior Vice President Aggregate Year-to-Date > $ 349.96	Payroll Deduction	80.76 (26.92 biweekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bill Gray 955 Audubon East Lansing, MI 48823 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National LIfe Insurance Company Occupation: Senior Vice President Aggregate Year-to-Date > $ 426.90	Payroll Deduction	142.30 (85.38 + 28.46 + 28.46)
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dean Hosfield 3825 Royale Drive Bolt, MI 48842 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Company Occupation: Manager Aggregate Year-to-Date > $ 368.55	Payroll Deduction	85.05 (28.35 biweekly)

SUBTOTAL of Receipts This Page (optional) > 680.92

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

SCHEDULE A

ITEMIZED RECEIPTS

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BROOKE HOLDINGS, INC. AND JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGREGATED FUND

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Scott Eisensmith 5847 Bois Ile Haslett, MI 48840 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Manager Aggregate Year-to-Date > $ 357.76	Payroll Deduction	82.56 (27.52 biweekly)
B. Paul Bamzey 1253 Orchard Glen Circle Encinitas, CA 92024 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Regional Vice President Aggregate Year-to-Date > $ 383.98	Payroll Deduction	59.25 (one payment)
C. Jim Quinn 3915 Bayberry Lane Lansing, MI 48911 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Manager Aggregate Year-to-Date > $ 297.44	Payroll Deduction	68.64 (22.88 biweekly)
D. Jim Golembiewski 2393 Sower Okemos, MI 48864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Manager Aggregate Year-to-Date > $ 310.18	Payroll Deduction	71.58 (23.86 biweekly)
E. Jim Morrison 4009 Norfolk Court Lansing, MI 48910 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Assistant V.P. Aggregate Year-to-Date > $ 280.02	Payroll Deduction	64.62 (21.54 biweekly)
F. Gerald Decius 121 Rivergate Lane DeWitt, MI 48820 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Vice President Aggregate Year-to-Date > $ 274.69	Payroll Deduction	63.39 (21.13 biweekly)
G. Jay Elliott 4102 Exler Road Richmond, VA 23221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Senior Vice President Aggregate Year-to-Date > $ 240.00	Payroll Deduction	40.00 (one payment)

SUBTOTAL of Receipts This Page (optional) 450.04

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 5

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

BROOKE HOLDINGS, INC. AND JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGREGATED FUND

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Phillip Wright 1862 Foxcroft East Lansing, MI 48823 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Manager Aggregate Year-to-Date > $ 247.87	Payroll Deduction	59.27 (18.86 + 18.86 + 21.55)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gary Stone 2349 Barnsbury East Lansing, MI 48823 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Assistant V.P. Aggregate Year-to-Date > $ 219.96	Payroll Deduction	50.76 (16.92 biweekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Everett Kunzelman 4186 Mariner Lane Okemos, MI 48864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Vice President Aggregate Year-to-Date > $ 229.97	Payroll Deduction	53.07 (17.69 biweekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Annie Morrison 4009 Norfolk Lansing, MI 48910 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Manager Aggregate Year-to-Date > $ 214.11	Payroll Deduction	49.41 (16.47 biweekly)
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gary Rudnicki 3815 Ashbrook Drive Holt, MI 48842 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Director Aggregate Year-to-Date > $ 257.14	Payroll Deduction	59.34 (19.78 biweekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jackson National Life Insurance Co. Occupation: Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	271.85
TOTAL This Period (last page this line number only)	5,433.00

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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) BROOKE HOLDINGS, INC. and JACKSON NATIONAL LIFE INSURANCE COMPANY SEPARATE SEGREGATED FUND

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lincoln Chafee for US Senate P.O. Box 7329 Warwick, RI 02887	Senate Candidate Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/20/00	1,000.00
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) 1,000.00

TOTAL This Period (last page this line number only) 1,000.00

FE6AN121

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 7-19-00
☐	First Class Mail	POSTMARKED
☐	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	

HPE	7-19-00
PREPARER	DATE PREPARED

(6/2000)