REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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FEC MAIL ROOM
2001 JUN 22 P 12:

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Norm Dicks for Congress

ADDRESS (number and street) ☐ Check if different than previously reported.
PO Box 1663

CITY, STATE and ZIP CODE: Tacoma, WA 98401
STATE/DISTRICT: WA 06

2. FEC IDENTIFICATION NUMBER: C00037606

3. IS THIS REPORT AN AMENDMENT? ☒ YES ☐ NO

4. TYPE OF REPORT

☐ 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)

☒ 12-Day Pre-Election Report for the General (Type of Election) election on 11/7/00 in the State of _____
☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____
☐ Termination Report

This report contains activity for ☐ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/01/00 through 10/18/00		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	$36,095.00	$359,[illegible].00
(b) Total Contribution Refunds (from Line 20(d))	$0.00	$1,500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	$36,095.00	$3[illegible]
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	$7,267.97	$[illegible]
(b) Total Offsets to Operating Expenditures (from Line 14)	$0.00	$204.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	$7,267.97	$272,215.63
8. Cash on Hand at Close of Reporting Period (from Line 27)	$257,304.55	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$0.00	

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: Herb Simon

Signature of Treasurer: [signature]

Date: 6/20/01

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 3
(revised 4/87)