

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

4 pages
faxed to FEC
10-26-2000

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Taxpayers League Federal Pac

ADDRESS (number and street) Check if different than previously reported
P.O. Box 130353

CITY, STATE and ZIP CODE
St. Paul MN 55113

2. FEC IDENTIFICATION NUMBER
C00317081

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

18-Day Pre-Election Report for the General (Type of Election)
election on Nov 7 in the State of MN

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 <u>10-1-2000</u> through <u>10-18-2000</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>		\$ 529.05
(b) Cash on Hand at Beginning of Reporting Period	\$ 8267.29	
(c) Total Receipts (from Line 18)	\$ 560.00	\$ 11,400.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(b) for Column B)	\$ 8817.29	\$ 11,929.05
7. Total Disbursements (from Line 30)	\$ 3753.42	\$ 6865.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5063.87	\$ 5063.87
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
899 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 **Darrell McKigney**

Signature of Treasurer *Darrell McKigney* Date **10-26-2000**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 28 U.S.C. § 437g.

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

(revised 1/1/01)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(9)
I. Itemized (use Schedule A)	550.00	10,350.00	11(a)(9)
II. Unitemized			11(a)(9)
Total (add I and II) >	550.00	10,350.00	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions (add a I, b and c) >	550.00	10,350.00	12
12. Transfers From Affiliated/Other Party Committees			13
18. All Loans Received			14
19. Loan Repayments Received			15
16. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		1050.00	16
15. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
19. Transfers from Nonfederal Account for Joint Activity	550.00	11,300.00	19
18. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 19) >	550.00	11,400.00	20
20. Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
I. Federal Share			21(a)(2)
II. Non-Federal Share	3.42	480.18	21(a)
b. Other Federal Operating Expenditures	3.42	480.18	21(b)
c. Total Operating Expenditures (add a I, a II, and b) >	3750.00	6385.00	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (see Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individual/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) >			29
29. Other Disbursements	3753.42	6865.18	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >	3753.42	6865.18	31
31. Total Federal Disbursements (subtract line 21 a II from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) from line 11d)	550.00	10,350.00	32
33. Total Contribution Refunds (from line 28c)			33
34. Net Contributions (other than loans) subtract line 33 from 32)	550.00	10,350.00	34
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >	3.42	480.18	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from line 35) >	3.42	480.18	37

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page
 PAGE 1 OF 1
 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)

Tax Payers League Federal PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Kline For Congress MN-06</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10-12-00</i>	<i>250.00</i>
<i>Rod Givans for Senate (MN)</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10-17-00</i>	<i>3500.00</i>
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)

SCHEDULE A

ITEMIZED RECEIPTS

the separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF
	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)			
Taxpayers League Federal PAC			
A. Full Name, Mailing Address and ZIP Code George McClintock 2995 Gulf Shore Blvd Naples, FL 34103	Name of Employer Retired	Date (month, day, year) 10-3-00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Mike Musty 428 Old Government Trail NISSWA, MN 56468	Name of Employer (blank)	Date (month, day, year) (blank)	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation (blank)	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code (blank)	Name of Employer (blank)	Date (month, day, year) (blank)	Amount of Each Receipt this Period (blank)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation (blank)	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code (blank)	Name of Employer (blank)	Date (month, day, year) (blank)	Amount of Each Receipt this Period (blank)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation (blank)	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code (blank)	Name of Employer (blank)	Date (month, day, year) (blank)	Amount of Each Receipt this Period (blank)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation (blank)	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code (blank)	Name of Employer (blank)	Date (month, day, year) (blank)	Amount of Each Receipt this Period (blank)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation (blank)	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code (blank)	Name of Employer (blank)	Date (month, day, year) (blank)	Amount of Each Receipt this Period (blank)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation (blank)	Aggregate Year-to-Date > \$	
SUBTOTAL of Receipts This Page (optional)			550.00
TOTAL This Period (last page this line number only)			550.00

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>FAY</i>	Postmarked <i>10/26/00</i> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JL</i> PREPARER	<i>10-26-00</i> DATE PREPARED