

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 AUG -7 A 10:46

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
S.C. Johnson & Son, Inc. Political Action Committee

ADDRESS (number and street) Check if different than previously reported
1525 Howe Street, M.S. 469

CITY, STATE and ZIP CODE
Racine, Wisconsin 53403

2. FEC IDENTIFICATION NUMBER
C00342246

3. This committee has qualified as a multi-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
- March 20 July 20 November
- April 20 August 20 December
- May 20 September 20 January

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General _____
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-
5. Covering Period	_____ through _____		
6. (a)	Cash on Hand January 1, 19 2000		\$ 8,433
(b)	Cash on Hand at Beginning of Reporting Period	\$ 2,933	
(c)	Total Receipts (from Line 1B)	\$ 33,100	\$ 33,100
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 36,033	\$ 41,533
7.	Total Disbursements (from Line 8D)	\$ -0-	\$ 5,500
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 36,033	\$ 36,033
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information Federal Election Commis 988 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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
William H. Van Lopik

Signature of Treasurer *William H. Van Lopik* Date 7-10-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 54

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

(revised 1/80)

NAME OF COMMITTEE S.C. Johnson & Son, Inc. Political Action Committee	REPORT COVERING PERIOD	
	FROM	TO
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees	\$ 33,100	\$ 33,100
I. Itemized (use Schedule A)		
II. Unitemized		
III. Total (add i and ii) >	33,100	33,100
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) >	33,100	33,100
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	33,100	33,100
20. Total Federal Receipts (subtract line 18 from line 19) >	\$ 33,100	\$ 33,100
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
I. Federal Share		
II. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	5,500
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	-0-	5,500
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	-0-	\$ 5,500
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	33,100	33,100
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	33,100	33,100
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >		

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1

FOR LINE NUMBER 11

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 any other purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

S.C. Johnson & Son, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount Received
William H. Van Lopik 4 Grenadier Court Lincolnshire, IL 60069	S.C. Johnson & Son, Inc. Occupation: V.P.-Corp. Treasurer Aggregate Year-to-Date > \$500	4/6/00	\$ 50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Mark Eckhardt 5792 Finch Lane Greendale, WI 53129	S.C. Johnson & Son, Inc. Occupation: Vice President-Finance Aggregate Year-to-Date > \$500	4/6/00	\$ 50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Nico Meiland 1525 Howe Street Racine, WI 53403	S.C. Johnson & Son, Inc. Occupation: Sr. Vice Pres.-W.W. Mfg. Aggregate Year-to-Date > \$400	4/4/00	\$ 400
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
William C. Thomson 3710 South Lane Franksville, WI 53126	S.C. Johnson & Son, Inc. Occupation: Business V.P.-I/C, Shave Aggregate Year-to-Date > \$500	4/3/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Jane M. Hutterly 1525 Howe Street Racine, WI 53403	S.C. Johnson & Son, Inc. Occupation: Sr. V.P.-W.W. Corp. Affairs Aggregate Year-to-Date > \$1,000	4/6/00	\$1,00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
David E. Hecker 5330 Windpoint Road Racine, WI 53402	S.C. Johnson & Son, Inc. Occupation: Sr. V.P.-General Counsel Aggregate Year-to-Date > \$1,000	4/9/00	\$1,00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
W. Lee McCollum 5131 Ravenswood Lane Racine, WI 53402	S.C. Johnson & Son, Inc. Occupation: Sr. Vice President-CFO Aggregate Year-to-Date > \$500	4/18/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$4,40

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE

2

FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

S.C. Johnson & Son, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt (th)
S. Curtis Johnson 4041 N. Main Street Racine, WI 53402	S.C. Johnson Commercial Markets	4/7/00	\$5,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman Aggregate Year-to-Date > \$ 5,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt (th)
H. Fisk Johnson 1525 Howe Street Racine, WI 53403	S.C. Johnson & Son, Inc.	3/31/00	\$5,00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice Chairman Aggregate Year-to-Date > \$ 5,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt (th)
Jeff Louis 225 W. Wacker Drive #1010 Chicago, IL 60606		4/10/00	\$5,00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 5,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt (th)
Samuel C. Johnson 4041 N. Main Street Racine, WI 53402	S.C. Johnson & Son, Inc.	4/12/00	\$5,00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman Aggregate Year-to-Date > \$ 5,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt (th)
Imogene P. Johnson 4815 Lighthouse Drive Racine, WI 53402		4/10/00	\$5,00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 5,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt (th)
Helen P. Johnson-Leipold 4041 N. Main Street Racine, WI 53402	Johnson Outdoors, Inc.	4/19/00	\$3,00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Aggregate Year-to-Date > \$ 3,000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Receipt (th)
Gregory Barron 720 Lombard Avenue Racine, WI 53402	S.C. Johnson & Son, Inc.	5/21/00	\$ 50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.-Air Care, Canada Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional) \$28,5

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE

FOR L
1

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NAME OF COMMITTEE (in Full)

S. C. Johnson & Son, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code Francisco P. Guerra P.O. Box 1675 Racine, WI 53401	Name of Employer S.C. Johnson & Son, Inc.	Date (month, day, year) 6/8/00	Amt. Received \$
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P.-Group G.M., China	Aggregate Year-to-Date \$ 200
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amt. Received
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amt. Received
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amt. Received
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amt. Received
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amt. Received
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amt. Received
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$

SUBTOTAL of Receipts This Page (optional) \$

TOTAL This Period (last page this line number only) \$

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
S.C. Johnson & Son, Inc. Political Action Committee

A. 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 Disbursement
B. 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 Disbursement
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 Disbursement
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 Disbursement
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 Disbursement
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 Disbursement
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 Disbursement
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 Disbursement
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 Disbursement

SUBTOTAL of Disbursements This Page (optional)

0

TOTAL This Period (last page this line number only)

0

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 8-7-02
<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 type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jm 11</i> PREPARER	8-7-02 DATE PREPARED