

Jay B. Myerson
ATTORNEY AT LAW
11860 Sunrise Valley Drive, Suite 100
Reston, Virginia 20191

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 31 P 3:53

(703) 715-9600

(703) 715-2230 [FAX]

January 24, 2000

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

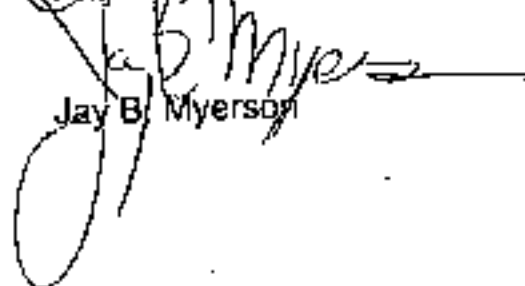
Re: Committee for a Progressive Congress

Dear Sir or Madam:

Enclosed please find the Committee for a Progressive Congress' January 31 Year End Report.

Please feel free to call me if you have any questions.

Very truly yours,


Jay B. Myerson

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 31 P 3:53

1. NAME OF COMMITTEE (in full) Committee for a Progressive Congress		2. FEC IDENTIFICATION NUMBER C00196624
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
c/o Gilbert & Wolfand, 2201 Wisconsin Ave., NW CITY, STATE and ZIP CODE Washington, DC 20007		

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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>10/28/99</u> through <u>12/31/99</u>		This Period	Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 <u>99</u>			\$ 12,801.02
(b) Cash on Hand at Beginning of Reporting Period		\$ 28,574.64	
(c) Total Receipts (from line 19)		\$ 43,428.58	\$ 63,045.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 72,003.22	\$ 75,846.82
7. Total Disbursements (from Line 30)		\$ 449.00	\$ 4,292.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 71,554.22	\$ 71,554.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	

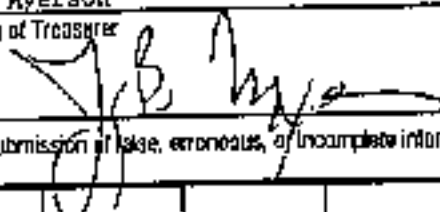
For further information contact
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Jay B. Myerson

Signature of Treasurer



Date

1/24/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437d.

FEC FORM 3X

(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <i>Committee for a Progressive Congress</i>	REPORT COVERING PERIOD	
	FROM: 10/28/99	TO: 12/31/99
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	13,150.00	14,700.00
ii. Unitemized		
iii. Total (add i and ii)	13,150.00	14,700.00
b. Political Party Committees	30,250.00	48,250.00
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c)	43,400.00	62,950.00
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	28.58	95.80
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)	43,428.58	63,045.80
20. Total Federal Receipts (subtract line 18 from line 19)	43,428.58	63,045.80
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	449.00	2,292.60
b. Other Federal Operating Expenditures	449.00	2,292.60
c. Total Operating Expenditures (Add a i, a ii, and b)		
22. Transfers to Affiliated/Other Party Committees		2,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
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	449.00	4,292.60
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	449.00	4,292.60
31. Total Federal Disbursements (subtract line 21 d i from line 30)		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	43,400.00	62,950.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)	43,400.00	62,950.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	449.00	2,292.60
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35)	449.00	2,292.60

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		11a1

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) FEC ID No. C00196824

Committee for a Progressive Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Myerson 11860 Sunrise valley Drive #100 Reston, VA 20191	Law Office of Jay Myerson	10/28/99-12/31/99	150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-To-Date \$ 900.00	In-Kind
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Bachrach 1675 Broadway New York, NY 10019-5820	Kalkines, Arky, Zall & Bernstein	11/17/99	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-To-Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karry O. Barsehdorf 1504 Woodacre Drive McLean, VA 22101	American Management Systems	11/17/99	1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-To-Date \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gail B. Bendheim 1 Parker Plaza Fort Lee, NJ 07024	Jewish Board of Children and Family Services	11/17/99	2,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Child Psychologist	Aggregate Year-To-Date \$ 2,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jamie S. Gorelick 3713 Williams Lane Chevy Chase, MD 20815	Fannie Mae	11/17/99	1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice Chairperson	Aggregate Year-To-Date \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Denise Rich 785 5th Avenue, PB New York, NY 10022	The G & P Charitable Foundation for Cancer Research	11/17/99	2,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-To-Date \$ 2,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen August Warnke 186 8th Avenue Brooklyn, NY 11215-2225	Kalkines, Arky, Zall & Bernstein LLP	11/17/99	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-To-Date \$ 250.00	

SUBTOTAL of Receipts This Page (optional)	6,650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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) **Committee for a Progressive Congress** FEC ID No. C00196824

A. Full Name, Mailing Address and ZIP Code Helen Bace Corsey 75 Barton Drive Ann Arbor, MI 48105	Name of Employer Silverbrook Assoc. Inc. Occupation President	Date (month, day, year) 12/7/99	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Lilo Leeds 1 Hollow Lane Lake Success, NY 11042	Name of Employer Institute for Student Achievement Occupation Co-Chairperson	Date (month, day, year) 12/7/99	Amount of Each Receipt this Period 3,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 5,000.00		
C. Full Name, Mailing Address and ZIP Code Lilo Leeds 1 Hollow Lane Lake Success, NY 11042	Name of Employer Institute for Student Achievement Occupation Co-Chairperson	Date (month, day, year) 12/7/99	Amount of Each Receipt this Period 2,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 5,000.00		
D. Full Name, Mailing Address and ZIP Code Terry S. Litanich 100 Summit Avenue Montvale, NJ 07645	Name of Employer Merck Medco Managed Care Occupation Sr. V.P.	Date (month, day, year) 12/7/99	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		

SUBTOTAL of Receipts This Page (optional)	6,500.00
TOTAL This Period (last page this line number only)	13,150.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		
11c		

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NAME OF COMMITTEE (In Full) FEC ID No. C00196824
 Committee for a Progressive Congress

A. Full Name, Mailing Address and ZIP Code ASAPAC 520 N. Northwest Highway Park Ridge, IL 60068-2573 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/17/99	1,000.00
Aggregate Year-To-Date \$		1,000.00	
B. Full Name, Mailing Address and ZIP Code Carpenters' Legislative Improvement Committee 101 Constitution Avenue, NW Washington, DC 20001 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/17/99	5,000.00
Aggregate Year-To-Date \$		5,000.00	
C. Full Name, Mailing Address and ZIP Code Continuum Action PAC for Health, Inc. 290 - 3rd Avenue New York, NY 10010 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/17/99	2,000.00
Aggregate Year-To-Date \$		2,000.00	
D. Full Name, Mailing Address and ZIP Code CWA-COPE ECC 501 - 3rd Street, NW Washington, DC 20001 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/17/99	5,000.00
Aggregate Year-To-Date \$		5,000.00	
E. Full Name, Mailing Address and ZIP Code Community Action Program Political Action Committee 2100 M Street, NW, suite 604 Washington, DC 20037-1207 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/22/99	2,750.00
Aggregate Year-To-Date \$		2,750.00	
F. Full Name, Mailing Address and ZIP Code Association of Trial Lawyers of America PAC 1050 - 31st Street, NW Washington, DC 20007 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/2/99	5,000.00
Aggregate Year-To-Date \$		5,000.00	
G. Full Name, Mailing Address and ZIP Code Metropolitan Life Insurance Company Employees' Pol. Fund One Madison Avenue New York, NY 10010-3690 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/7/99	1,000.00
Aggregate Year-To-Date \$		1,000.00	

SUBTOTAL of Receipts This Page (optional) 21,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Committee for a Progressive Congress

FEC ID No. C00196824

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
The National Good Government Fund 2300 First City Tower Houston, TX 77002-6760		12/7/99	1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-To-Date \$	1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Service Employees International Union, COPE 1313 L Street, NW Washington, DC 20005		12/15/99	2,500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-To-Date \$	2,500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Food & Commercial Workers-Active Ballot Club 1775 K Street, NW Washington, DC 20006-1598		12/23/99	5,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-To-Date \$	5,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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)	Amount of Each Receipt this Period
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)	Amount of Each Receipt this Period
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)	Amount of Each Receipt this Period
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)	8,500.00
TOTAL This Period (last page this line number only)	30,250.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full) FEC ID No. C00196824
 Committee for a Progressive Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merrill Lynch 1850 K Street, NW Washington, DC 20006	Interest Income	10/28/99- 12/31/99	28.58
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \$ 95.80	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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)	Amount of Each Receipt this Period
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)	Amount of Each Receipt this Period
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)	Amount of Each Receipt this Period
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)	Amount of Each Receipt this Period
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)	Amount of Each Receipt this Period
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)	28.58
TOTAL This Period (last page this line number only)	28.58

SCHEDULE B

ITEMIZED DISBURSEMENTS

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) FEC ID No. C00196824
 Committee for a Progressive Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jay B. Myerson, Esquire 11660 Sunrise Valley Drive #100 Reston, VA 20191	Office/Admin. Support Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/99 - 12/31/99	150.00 In-Kind
B. Full Name, Mailing Address and ZIP Code Gilbert & Wolfand 2201 Wisconsin Ave., NW Washington, DC 20007	Accounting Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/9/99	249.00
C. Full Name, Mailing Address and ZIP Code D.C. Treasurer Business Regulation Admin. P.O. Box 92300 Washington, DC 20090	Fees & Licenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/99	50.00
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)	449.00
TOTAL This Period (last page this line number only)	449.00

**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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 1/31/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
 SIA PREPARER	 1/31/00 DATE PREPARED