

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 JUL 17 P 2:48

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Legg Mason Political Action Committee	2. FEC IDENTIFICATION NUMBER 00195586
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 1476	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee (see FEC FORM 1M). Criteria satisfied prior to 1/1/94
CITY, STATE and ZIP CODE Baltimore, MD 21203	

## 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  |
- 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  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/00</u> through <u>6/30/00</u>		
6. (a) Cash on Hand January 1, <del>1999</del> <u>2000</u>		\$48,805.59
(b) Cash on Hand at Beginning of Reporting Period	\$ 51,308.61	
(c) Total Receipts (from Line 19)	\$ 1,184.74	\$ 8,915.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 52,493.35	\$ 57,721.35
7. Total Disbursements (from Line 20)	\$ 708.00	\$ 5,936.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 51,785.35	\$ 51,785.35
9. Debts and Obligations Owed TO 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 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
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 Thomas L. Souders		
Signature of Treasurer <i>Thomas L. Souders</i>		Date 7/13/2000

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

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**FEC FORM 3X**  
(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

C00195586

(revised 1/1/91)

NAME OF COMMITTEE Legg Mason Political Action Committee	REPORT COVERING PERIOD FROM 4/1/00 TO: 6/30/00	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	779.00	8,141.00
ii. Unitemized		
iii. Total (add i and ii) >	779.00	8,141.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	779.00	8,141.00
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		
17. Other Federal Receipts (Dividends, Interest, etc.)	405.74	774.76
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,184.74	8,915.76
20. Total Federal Receipts (subtract line 18 from line 19) >	1,184.74	8,915.76
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	208.00	436.00
c. Total Operating Expenditures (add a i, a ii, and b) >	208.00	436.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	5,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/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) >	708.00	5,936.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	708.00	5,936.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	779.00	8,141.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	779.00	8,141.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	208.00	436.00
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >	208.00	436.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 4  
FOR LINE NUMBER 11(a)(i)

Any information copied from such Reports and Statements may not be 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) **Legg Mason Political Action Committee** Reporting Period **4/1/00-6/30/00**  
C00195586

<b>A. Full Name, Mailing Address and ZIP Code</b> Hufty, Lawrence M. 1408 Lockarron Way Bel Air, MD 21035	Name of Employer Legg Mason Wood Walker, Inc.	Date (month, day, year) per month \$5	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period \$5
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP-Branch Administration Aggregate Year-to-Date > \$20	
<b>B. Full Name, Mailing Address and ZIP Code</b> Kelleher, Dennis 4541 Chews Vineyard Ellicott City, MD 21043	Name of Employer Legg Mason Wood Walker, Inc.	Date (month, day, year) Per Month \$10	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period \$10
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Director-VP Aggregate Year-to-Date > \$40	
<b>C. Full Name, Mailing Address and ZIP Code</b> Moag, John A. 6408 Pratt Avenue Baltimore, MD 21212	Name of Employer Legg Mason Wood Walker, Inc.	Date (month, day, year) per month \$83	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period \$83
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Managing Director Aggregate Year-to-Date > \$332	
<b>D. Full Name, Mailing Address and ZIP Code</b> Shubnell, Lawrence D. 1748 Long Green Court Annapolis, MD 21401	Name of Employer Legg Mason Wood Walker, Inc.	Date (month, day, year) per month \$25	Amount of Each Receipt this Period Thru Payroll deduction. Total for reporting period \$25
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP Aggregate Year-to-Date > \$100	
<b>E. Full Name, Mailing Address and ZIP Code</b> Bradley, Edwin J 600 Wood Glen Court Timonium, MD 21093	Name of Employer Legg Mason Wood Walker, Inc.	Date (month, day, year) per month \$30	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period \$30
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Managing Director Syndicate Manager Aggregate Year-to-Date > \$120	
<b>F. Full Name, Mailing Address and ZIP Code</b> Shepherd, Eugene B. 5020 Cedar Creek Houston, TX 77056	Name of Employer Legg Mason Wood Walker, Inc.	Date (month, day, year) per month \$25	Amount of Each Receipt this Period Thru Payroll deduction. Total for reporting period \$25
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP Aggregate Year-to-Date > \$100	
<b>G. Full Name, Mailing Address and ZIP Code</b> Dougherty, Michael J. 735 Carmet Road Hydell, PA 19046	Name of Employer Legg Mason Wood Walker, Inc.	Date (month, day, year) per month \$0	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period \$0 (terminated 1/31/00)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NASDAQ Trader-VP Aggregate Year-to-Date > \$10	

SUBTOTAL of Receipts This Page (optional) ..... \$178

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 OF 4  
FOR LINE NUMBER 11(a)(1)

Any information copied from such Receipts 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)  
**Legg Mason Political Action Committee**

Reporting Period **4/1/00-6/30/00**  
**COM195586**

A. Full Name, Mailing Address and ZIP Code Lee, Sharon K. 5600 Wisconsin Avenue, Apt. 1204 Chevy Chase, MD 20815	Name of Employer <b>Legg Mason Wood Walker, Inc.</b>  Occupation <b>First VP, Manager</b> Aggregate Year-to-Date <b>\$ 200</b>	Date (month, day, year) per month <b>\$50</b>	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period <b>\$50</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Pollard, Douglas 4427 Butler Road Glyndon, MD 21071	Name of Employer <b>Legg Mason Wood Walker, Inc.</b>  Occupation <b>Senior VP-Sales</b> Aggregate Year-to-Date <b>\$ 120</b>	Date (month, day, year) per month <b>\$30</b>	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period <b>\$30</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Cole, Charles W. 8 Crestline Court Owings Mills, MD 21117	Name of Employer <b>Legg Mason Wood Walker, Inc.</b>  Occupation <b>Chairman &amp; CEO LM Trust, FSB</b> Aggregate Year-to-Date <b>\$ 60</b>	Date (month, day, year) per month <b>\$20</b>	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period <b>\$20</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Romano, Theresa M. 3229 Elliott Street Baltimore, MD 21224	Name of Employer <b>Legg Mason Wood Walker, Inc.</b>  Occupation <b>VP-PCG Controller</b> Aggregate Year-to-Date <b>\$ 80</b>	Date (month, day, year) per month <b>\$20</b>	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period <b>\$20</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Sutti, Chris A. 107 Weatherpoon Road Baltimore, MD 21212	Name of Employer <b>Legg Mason Wood Walker, Inc.</b>  Occupation <b>VP</b> Aggregate Year-to-Date <b>\$ 100</b>	Date (month, day, year) per month <b>\$25</b>	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period <b>\$25</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Medbery Jr., A. Bunker 809 Crest Cove Birmingham, AL 35226	Name of Employer <b>Legg Mason Wood Walker, Inc.</b>  Occupation <b>VP-Investments</b> Aggregate Year-to-Date <b>\$ 400</b>	Date (month, day, year) per month <b>\$100</b>	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period <b>\$100</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Sanders III, James O. 528 West 21st Avenue Covington, LA 70433	Name of Employer <b>Legg Mason Wood Walker, Inc.</b>  Occupation <b>First VP-Investments</b> Aggregate Year-to-Date <b>\$ 10 (stopped 2/1/00)</b>	Date (month, day, year) per month <b>\$0</b>	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) .....

**\$ 245**

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 3 OF 4  
FOR LINE NUMBER 11(s)(1)

Any information covered from such Records 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)  
**Legg Mason Political Action Committee**

Reporting Period **4/1/00-6/30/00**  
**CO0195586**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<b>Petty, Robert D.</b> 5 Hull Avenue Annapolis, MD 21401	<b>Legg Mason Wood Walker, Inc.</b>	per month \$5	Thru payroll deduction. Total for reporting period \$5
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <b>AVP-Investments</b> Aggregate Year-to-Date > \$ 20		
<b>Jones, Robert L.</b> 9703 Whitley Park Bethesda, MD 20814	<b>Legg Mason Wood Walker, Inc.</b>	per month \$50	Thru payroll deduction. Total for reporting period \$50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <b>VP-Investments</b> Aggregate Year-to-Date > \$ 200		
<b>Hendrickson, D. Hunt</b> 8315 D Edgewood Church Road Frederick, MD 21701	<b>Legg Mason Wood Walker, Inc.</b>	per month \$25	Thru payroll deduction. Total for reporting period \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <b>Senior VP-Investments</b> Aggregate Year-to-Date > \$ 100		
<b>Graham Jr., Charles N.</b> 22109 Creekview Drive Gaithersburg, MD 20882	<b>Legg Mason Wood Walker, Inc.</b>	per month \$100	Thru payroll deduction. Total for reporting period \$100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <b>Senior VP-Investments</b> Aggregate Year-to-Date > \$ 400		
<b>Glenn Jr., John F.</b> 11467 Bronzedale Drive Oakton, VA 22124	<b>Legg Mason Wood Walker, Inc.</b>	per month \$6	Thru payroll deduction. Total for reporting period \$6
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <b>VP-Investments</b> Aggregate Year-to-Date > \$ 24		
<b>Cain, E. Lee</b> 1208 Westminster Drive High Point, NC 27262-7357	<b>Legg Mason Wood Walker, Inc.</b>	per month \$15	Thru payroll deduction. Total for reporting period \$15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <b>Financial Advisor</b> Aggregate Year-to-Date > \$ 60		
<b>Pentony, Howie J.</b> 1031 Saxonburg Road Saxonburg, PA 16056	<b>Legg Mason Wood Walker, Inc.</b>	per month \$100	Thru payroll deduction. Total for reporting period \$100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <b>VP-Branch Manager</b> Aggregate Year-to-Date > \$ 400		

SUBTOTAL of Receipts This Page (optional) ..... **\$301**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 4  
FOR LINE NUMBER 11(a)(1)

Any information copied from such Receipts 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)  
Legg Mason Political Action Committee

Reporting Period 4/1/00-6/30/00  
C00195586

A. Full Name, Mailing Address and ZIP Code Kiehne, E. Chris 912 Huntsman Road Towson, MD 21204	Name of Employer Legg Mason Wood Walker, Inc.	Date (month, day, year) per month \$10	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period \$10
	Occupation Financial Advisor Aggregate Year-to-Date > \$ 40		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code McCarthy, Eugene B. 523 Peregrine Drive Indianantic, FL 32903	Name of Employer Legg Mason Wood Walker, Inc.	Date (month, day, year) per month \$20	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period \$20
	Occupation VP- Branch Manager Aggregate Year-to-Date > \$ 80		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Noble III, Charles J. 38 Broadfield Road Hamden, CT 06517	Name of Employer Legg Mason Wood Walker, Inc.	Date (month, day, year) per month \$25	Amount of Each Receipt this Period Thru payroll deduction. Total for reporting period \$25
	Occupation First VP-Investments Aggregate Year-to-Date > \$ 125		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) ..... \$55

TOTAL This Period (last page this line number only) ..... \$779

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)

Reporting Period 4/1/00-6/30/00

Logg Mason Political Action Committee

0001955B6

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Ogden, Utah 84201	1999 TAX Aggregate YTD \$361 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/00	\$208
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 Each Disbursement This Period
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) .....

\$208

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

\$208

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

Legg Mason Political Action Committee

Reporting Period 4/1/00-6/30/00  
000195586

A. Full Name, Mailing Address and ZIP Code Roth Senate Committee 1401 Eye Street, NW Washington, DC 20005	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) non-specified	Date (month, day, year) 6/1/00	Amount of Each Disbursement This Period \$500
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 Each Disbursement This Period
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)

\$500

TOTAL This Period (last page this line number only)

\$500



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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 4/14/00
<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>KDE</i> PREPARER	 <i>4/14/00</i> DATE PREPARED