

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 21 A 11: 29

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Fund for a Responsible Future

ADDRESS (number and street) Check if different than previously reported
P.O. Box 529

CITY, STATE and ZIP CODE
Washington, DC 20044-0529

2. FEC IDENTIFICATION NUMBER
C00301887

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

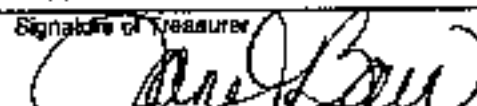
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>12/01/99</u> through <u>12/31/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 48,129.71
(b) Cash on Hand at Beginning of Reporting Period	\$ 156,065.04	
(c) Total Receipts (from Line 18)	\$ 7,156.21	\$ 226,846.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 163,221.25	\$ 274,976.62
7. Total Disbursements (from Line 30)	\$ 3,883.31	\$ 115,638.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 159,337.94	\$ 159,337.94
9. Debts and Obligations Owed TO the Committee (Memorize 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 800-424-9590 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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
Janet Bain

Signature of Treasurer  Date **1-19-00**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

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FEC FORM 3X
(revised 9/99)

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

(revised 1/1/91)

NAME OF COMMITTEE Fund for a Responsible Future	REPORT COVERING PERIOD		
	FROM 12/01/99	TO 12/31/99	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,000.00	50,500.00	114a(i)
ii. Unitemized	0.00	1,260.80	114a(ii)
iii. Total	1,000.00	51,760.80	114a(iii)
b. Political Party Committees	0.00	0.00	114b
c. Other Political Committees (such as PACs)	6,000.00	173,250.00	114c
d. Total Contributions	7,000.00	225,010.80	114d
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	242.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	156.21	1,594.11	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts	7,156.21	226,846.91	19
20. Total Federal Receipts	7,156.21	226,846.91	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21a(i)
ii. Non-Federal Share	0.00	0.00	21a(ii)
b. Other Federal Operating Expenditures	3,883.31	53,638.68	21(b)
c. Total Operating Expenditures	3,883.31	53,638.68	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	30,000.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds	0.00	0.00	28(d)
29. Other Disbursements	0.00	32,000.00	29
30. Total Disbursements	3,883.31	115,638.68	30
31. Total Federal Disbursements	3,883.31	115,638.68	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,000.00	225,010.80	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,000.00	225,010.80	34
35. Total Federal Operating Expenditures	3,883.31	53,638.68	35
36. Offsets to Operating Expenditures (from line 15)	0.00	242.00	36
37. Net Operating Expenditures	3,883.31	53,396.68	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 c

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)
Fund for a Responsible Future

A. Full Name, Mailing Address and ZIP Code Holland & Knight Committee for 2100 Pennsylvania Ave NW Ste 400 Washington, DC 20037	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 2,000.00
	Occupation	12/17/99	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$ 5,000.00			
B. Full Name, Mailing Address and ZIP Code KPMG PAC PO Box 18254 Washington, DC 20038-9988	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 2,500.00
	Occupation	12/22/99	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$ 2,600.00			
C. Full Name, Mailing Address and ZIP Code Merrill Lynch & Co., Inc. PAC 1455 Pennsylvania Ave NW Suite 950 Washington, DC 20004-1087	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,500.00
	Occupation	12/23/99	
	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
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
	Occupation		
	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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	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) **6,000.00**

TOTAL This Period (last page this line number only) **6,000.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
Fund for a Responsible Future

A. Full Name, Mailing Address and ZIP Code Stuart Bernstein 3299 K Street, NW Suite 700 Washington, DC 20007	Name of Employer Bernstein Company Occupation Owner	Date (month, day, year) 12/13/99	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	
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
Fund for a Responsible Future

A. Full Name, Mailing Address and ZIP Code Citibank, F.S.B. P.O. Box 18967 Washington, DC 20036- 097	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	12/31/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,594.11		158.21
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
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) 158.21

TOTAL This Period (last page this line number only) 158.21

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)
Fund for a Responsible Future

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Deloitte & Touche LLP P.O. Box 277694 Atlanta, GA 30384-7694	For professional services between Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/03/99	1,120.00
B. Full Name, Mailing Address and ZIP Code Linda Pedigo 3830 Ingalls Ave Alexandria, VA 22302	Reimbursement for food for a reception Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/03/99	31.64
C. Full Name, Mailing Address and ZIP Code Janet Bain Company 3001 Park Center Drive Alexandria, VA 22302	Monthly retainer fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/99	2,100.97
D. Full Name, Mailing Address and ZIP Code Schnelders of Capital Hill 300 Mass. Ave., NE Washington, DC 20002	Catering for event Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/99	619.46
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)

3,872.07

TOTAL This Period (last page this line number only)

3,872.07

