REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Participation 2000'

ADDRESS (number and street) ☐ Check if different than previously reported
322 Massachusetts Avenue, NE

CITY, STATE and ZIP CODE
Washington, D.C. 20002

DEC 8 4 00 PM '94

2. FEC IDENTIFICATION NUMBER
C00221887

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 11-8-94 in the State of USA

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5 Covering Period 10-20-94 through 11-28-94		
6 (a) Cash on Hand January 1, 19 94		$ 58.84
(b) Cash on Hand at Beginning of Reporting Period	$ 1,335.51	
(c) Total Receipts (from Line 19)	$ 10,635.00	$ 116,700.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 11,970.51	$ 116,759.73
7. Total Disbursements (from Line 30)	$ 11,642.83	$ 116,432.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 327.68	$ 327.68
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)	$ 1087.53	

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
Jim Zazzali, Treasurer/ Sean Fuehrer, Assist. Treas.

Signature of Treasurer
Sean Fuehrer

Date
12-7-94

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

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	REPORT COVERING PERIOD FROM 10-20-94	11-28-94
	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)	8,725.00	68525.00
ii. Unitemized	1710.00	11,883.00
iii. Total (add i and ii) ➤	10,435.00	80,408.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)	200.00	35,100.00
d. Total Contributions (add a iii, b and c) ➤	10,635.00	105,508.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		1,192.89
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) ➤	10,635.00	116,700.89
20. Total Federal Receipts (subtract line 18 from line 19) ➤	10,635.00	116,700.89
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	1,285.73	77,979.18
c. Total Operating Expenditures (Add a i, a ii, and b)) ➤	1,285.73	77,979.18
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	7072.10	24,052.48
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		2,650.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤		2,650.00
29. Other Disbursements	3,285.00	11,750.39
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,642.83	116,432.05
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,642.83	116,432.05
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	10,635.00	105,508.00
33. Total Contribution Refunds (from line 28d)	-0-	2,650.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,635.00	102,858.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1,285.73	77,979.18
36. Offsets to Operating Expenditures (from line 15)	-0-	1192.00
	1285.73	76,787.18

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3

FOR LINE NUMBER 11a

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)
PARTICIPATION 2000

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Joe Fuld 721 S. Anne Street Baltimore, Maryland 21231 Receipt For: Primary / General / Other (specify):	Self Occupation: Consultant Aggregate Year-to-Date $200.00	11-28-94	100.00
B. Ken Lipper 101 Park Ave. New York, NEw York 10178-0694 Receipt For: Primary / General / Other (specify):	Lipper & Company Occupation: Aggregate Year-to-Date $5,000.00	10-31-94	5000.00
C. David Schumacher 1747 T STreet, NW Washington, D.C. 20009 Receipt For: Primary / General / Other (specify):	NK & Associates Occupation: Researcher Aggregate Year-to-Date $225.00	11-18-94	25.00
D. Sheila Smith 3450 Lake Shore Drive Chicago, IL. 60657 Receipt For: Primary / General / Other (specify):	Advanced RUbber Concepts, Inc. Occupation: Aggregate Year-to-Date $ 2500.00	10-25-94	2500.00
E. Rob Engel 1778 N.Troy Street, NO. 711 Arlington, VA. 22201 Receipt For: Primary / General / Other (specify):	Penn, Klnq. & Murphy Occupation: Consultant Aggregate Year-to-Date $400.00	10-27-94	200.00
F. Jacqueline Grindrod 534 Union Blvd., TOtowa, NJ 07512 Receipt For: Primary / General / Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date $ 200.00	11-8-94	200.00
G. James Zazzali One Riverview Plaza Newark, New Jersey 07102 Receipt For: Primary / General / Other (specify):	Zazzali, Zazzali, Fagella, & Nowak Occupation: Attorney Aggregate Year-to-Date $350.00	11-16-94	150.00

SUBTOTAL of Receipts This Page (optional) $8,175.00

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

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Participaiton 2000, Inc.

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Daniel Jacobson 10 Deal Lake Court Asbury Park, NJ 07712 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date: $ 200.00	11-19-94	100.00
B. Bruce Kieloch 2494 Windbreak Drive Alexandria, VA. 22306 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Democratic Congressional Campaign Committee Occupation: Consultant Aggregate Year-to-Date: $ 350.00	10-31-94	100.00
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date: $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 200.00

TOTAL This Period (last page this line number only)

9 4 0 3 9 4 8 3 9 9 7

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 3 OF 3

FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)
Participation 2000, Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Ved Brat 10832 TUckahoe Way North Potomac, Maryland	Bratton Biotech	11-10-94	350.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President		IN-KIND
	Aggregate Year-to-Date $350.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

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

TOTAL This Period (last page this line number only) 8725.00

9 4 0 3 9 4 8 1 9 0 0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

Participation 2000

A. Full Name, Mailing Address and ZIP Code Citizens for Tracy Andrus 4948 Koolenai, Suite 201 Boise, IDaho 83705 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $ 200.000	Date (month, day, year) 10-18-94	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

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

9 4 0 3 9 4 8 1 0 0 1

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 13

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

Participation 2000, Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Image Express Washington, D.C. 20002	Photocopy Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-28-94	38.64
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster Washington,D.C.	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-30-94	47.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic P.O. Box 646 Baltimore, MD. 21265	Phone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-16-94	134.28
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Participaiton 2000 Inc. 322 Massachusetts Avenue, NE Washington, D.C. 20002	Petty Cash Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-23-94	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
320 Massachusetts Avenue Assoc. 1725 K Street, NW, Suite 914 Washington,D.C. 20006	Rent Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-25-94	475.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Federal Express P.O. Box 1140 Memphis, TN 38101-1140	Postage--Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	11-25-94	135.50
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 930.42

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

2 4 3 3 8 1 5 0 5

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3

FOR LINE NUMBER 216

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NAME OF COMMITTEE (In Full)

Participation 2000

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Capital Bank 316 Pennsylvania Avenue, SE Washington, D.C. 20002	Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10-31-94	5.31
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 5.31

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

9 4 0 3 3 4 8 1 0 0 3

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)
Participation 2000, Inc.

A. Full Name, Mailing Address and ZIP Code Dr. Ved Brat 10832 Tuckahoe Way North Potomac, MD.	Purpose of Disbursement (Event reception) Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 11-10-94	Amount of Each Disbursement This Period 350.00 IN-KIND EVENT COST
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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)	1285.73

9 4 0 3 9 4 8 1 3 0 4

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 12

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Participation 2000, Inc.

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Britt Cocanour 2130 P Street, NW #408 Washington, D.C. 20037	Compensation, McGuire for Congress(IA-5) Disbursement for: ☐ Primary ☐ General ☐ Other (specify) (1857-YTD)	11-2-94 11-4-94	250.00 250.00 IN-KIND
B. Rebecca Martin 777 W. 7th Street Claremont, CA. 19003	Compensation, Lauterer for Congress (NC-11) Disbursement for: ☐ Primary ☐ General ☐ Other (specify) (YTD-1500)	11-2-94 11-4-94	250.00 250.00 IN-KIND
C. Elizabeth Powell 109 Edmunds Road Wellesley, MA. 02181	Compensation, Byrne for Congress,(VA-11) Disbursement for: ☐ Primary ☐ General ☐ Other (specify) (YTD-1532.00)	11-2-94 11-4-94	250.00 250.00 IN-KIND
D. Tierney Hunt 10192 Shelldrake Circle Damascus, MD. 20872	Compensation, Hinchey for Congress(NY-26) Disbursement for: ☐ Primary ☐ General ☐ Other (specify) (YTD-1500)	11-2-94 11-4-94	250.00 250.00 IN-KIND
E. Krystal Williams 5903 Herring Court Waldorf, MD. 20603	Compensation, PAllone for Congress(NJ-6) Disbursement for: ☐ Primary ☐ General ☐ Other (specify) (YTD-1500)	11-2-94 11-4-94	250.00 250.00 IN-KIND
F. Lionel Dyson 5519 Wesley Avenue Baltimore , MD. 21207	Compensation, Wheat for Senate(MO) Disbursement for: ☐ Primary ☐ General ☐ Other (specify) (YTD-1664.00)	11-2-94 11-4-94	250.00 250.00 IN-KIND
G. Charles Johnson 1415 E. Jersey Alliance, Ohio 4501	Compensation, MN Democratic Party Disbursement for: ☐ Primary ☐ General ☐ Other (specify) (YTD-1862.50)	11-2-94 11-4-94	250.00 250.00 IN-KIND
H. Joseph Cardamone 2408 Sherwood hills road Minnetonka, MN. 55305	Compensation, English for Congress(AZ-6) Disbursement for: ☐ Primary ☐ General ☐ Other (specify) (YTD-1998)	11-2-94 11-4-94	250.00 250.00 IN-KIND
I. Stephanie Langer 1325 15th Street, NW, 3703 Washington, D.C. 20005	Compensation, Shepherd for Congress(UT-2) Disbursement for: ☐ Primary ☐ General ☐ Other (specify) (YTD-1500)	11-2-94 11-4-94	250.00 250.00 IN-KIND

SUBTOTAL of Disbursements This Page (optional) 4,500.00

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

9 4 0 3 9 4 8 1 0 0 0

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Participation 2000, Inc.

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Marc Lewis 8 White birch Drive Rye, NY 10580	Compensation, Webber for Congress, (OR-5) Disbursement for: Primary General Other (specify) (YTD-1572.10)	11-2-94 10-20-94 11-4-94	250.00 72.10 250.00 IN-KIND
B. Krishna Vallabhaneni 631 Farmdale Road Franklin Lakes, NJ 07417	Compensation, Takano for Congress(CA-43) Disbursement for: Primary General Other (specify) (YTD-2008.50)	11-2-94 11-4-94	250.00 250.00 IN-KIND
C. Andrea Hogans 39 East 39th Street, #6F Paterson, NJ 07514	Compensation, Mezvinsky for congress (PA-13) Disbursement for: Primary General Other (specify) (YTD-1654.00)	11-2-94 11-4-94	250.00 250.00 IN-KIND
D. Christina Santos 58 Belmont Street Ludlow, MA. 01056	Compensation, Wash. State Democratic Party Disbursement for: Primary General Other (specify) (YTD-1904)	11-2-94 11-4-94	250.00 250.00 IN-KIND
E. Sejal Mehta 474 Spring Ave Ridgewood, NJ 07450	Compensation, Rivers for Congress(MI-13) Disbursement for: Primary General Other (specify) (YTD-1922)	11-4-94	500.00 IN-KIND
F.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,572.10
TOTAL This Period (last page this line number only)	7,072.10

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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)

Participation 2000, Inc.

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Karrion Holman 417 10th St., NE, #2 Washington, D.C. 20001	Compensation, Richards for governor (TX)	11-2-94 11-4-94	250.00 250.00 IN-KIND
B. Susan Markham 2500 Clarendon Blvd., T2 Arlington, VA. 22201	Compensation, Fisher for Attorney General(OH)	11-2-94 11-4-94	250.00 250.00 IN-KIND
C. William sfyroeras 345 W. 58th Street, 10R New York, NY 10019	Compensation, Buono for Assembly(NJ)	11-2-94 11-4-94	250.00 250.00 IN-KIND
D. Elizabeth Rochten 823 Hates Birmington, MI. 48009	Compensation, Campbell for Gov.(IA)	11-2-94 11-4-94	250.00 250.00 IN-KIND
E. Michael York 460 Madison Ave., Toms river, NJ 08753	Compensation, Eastin for superintend of Public Instruction	11-10-94	250.00 IN-KIND
F. Linda Hsu 1451 E. 55th Street, #718B Chicago, IL. 60637	Compensation, Netsch for Gov.(IL)	11-2-94 11-4-94	250.00 250.00 IN-KIND
G. Ben Eley N56 W5431 Center Street Cedarburg, WI 53012	Compensation, echoHawk for governor	11-2-94 11-4-94 11-13-94	250.00 250.00 35.00 IN-KIND
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) 3,285.00

TOTAL This Period (last page this line number only) 3,285.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER ____
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Participation 2000				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Perkins Coie 607 Fourteenth street, NW Washington, D.C. 20005	876.39	211.14	-0-	1087.53
Nature of Debt (Purpose): Legal				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1087.53

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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.

☑	Hand Delivered	DATE OF RECEIPT 12-08-94
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MMR
PREPARER

12-08-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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