

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 25 A 11:40

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>ARAB AMERICAN LEADERSHIP PAC</b>	2. FEC IDENTIFICATION NUMBER <b>00194255</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1600 K ST., N.W. #601</b>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <b>WASHINGTON, D.C. 20006</b>	

## 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>10/01/00</u> through <u>10/18/00</u>		
6. (a) Cash on Hand January 1, 19____		\$ 13,493.81
(b) Cash on Hand at Beginning of Reporting Period	\$ 23,038.98	
(c) Total Receipts (from Line 19)	\$ 23,864.00	\$ 88,069.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 46,902.98	\$ 101,522.81
7. Total Disbursements (from Line 30)	\$ 27,750.00	\$ 82,369.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 19,152.98	\$ 19,152.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 650 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)	\$ 3,476.93	
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 <i>Helene H. Samhan, Asst Treasurer</i>	Date <b>10-25-00</b>
Signature of Treasurer 	

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

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

(revised 1/1/81)

NAME OF COMMITTEE <b>ARAB AMERICAN LEADERSHIP PAC</b>		REPORT COVERING PERIOD FROM <b>10/01/00</b> TO <b>10/18/00</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	18,000.00	76,300.00	11(a)(i)
ii. Unitemized	3,364.00	6,269.00	11(a)(ii)
iii. Total (add i and ii) >	21,364.00	82,569.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	2,500.00	3,500.00	11(c)
d. Total Contributions (add a ii, b and c) >	23,864.00	86,069.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		2,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account (or Joint Activity)			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	23,864.00	88,069.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	23,864.00	88,069.00	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	4,500.00	9,619.83	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	4,500.00	9,619.83	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	22,000.00	70,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements	1,250.00	2,250.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	27,750.00	82,369.83	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	27,750.00	82,369.83	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	23,864.00	86,069.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	23,864.00	86,069.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	4,500.00	9,619.83	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	4,500.00	9,619.83	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11a 1

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)

ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMAL MARKS 9015 Bingham Dr. Louisville, KY. 40242  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PRESBYTERIAN CHURCH USA  Occupation Church Admin. Aggregate Year-to-Date > \$ 250.00	10/02/00	250.00
B. Full Name, Mailing Address and ZIP Code  FREDERICK HADEED 6253 Lakeview Dr. Falls Church, Va. 22040  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United Therapeutics Corporation  Occupation CPA Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/02/00	Amount of Each Receipt this Period  750.00
C. Full Name, Mailing Address and ZIP Code  MUNA JAMIL SHAMI 7130 Forestwood Ct. Mclean, Va. 22101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AMER. RESEARCH INST.  Occupation Research Assoc. Aggregate Year-to-Date > \$ 1,250.00	Date (month, day, year) 10/02/00	Amount of Each Receipt this Period 1,250.00
D. Full Name, Mailing Address and ZIP Code  MAMOUN NAJIB 5613 Leesburg Pike Falls Church, Va. 22041  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW YORK LIFE  Occupation Ins. Agent Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/02/00	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code  JAMILAH SHAMI 7130 Forestwood Ct. Mclean, Va. 22101  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IBM  Occupation Program Manager Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 10/02/00	Amount of Each Receipt this Period 1,500.00
F. Full Name, Mailing Address and ZIP Code  SAMI SULEIMAN 6520 E. Halbert Rd BETHESDA, MD. 20817  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self_Employed  Occupation CPA Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 10/02/00	Amount of Each Receipt this Period 1,500.00
G. Full Name, Mailing Address and ZIP Code  EVA TELG HARDY PO BOX 26666 RICHMOND, VA, 23261  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DOMINION RESOURCES  Occupation SR. VICE PRESIDENT Aggregate Year-to-Date > \$ 1,250.00	Date (month, day, year) 10/02/00	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

6,000.00

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

PAGE 2 OF 3  
FOR LINE NUMBER 11a 1

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)**

**ARAB AMERICAN LEADERSHIP PAC**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDMOND HOWAR 5029 Macomb St. Washington, D.C. 20016	SELF EMPLOYED	10/02/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES ABOOKIRE 12929 Chippewa Rd. Cleveland, OH. 44141	Abookire Real Estate Management	10/02/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	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
SAMI BARAKA 1676 Fort Street Trenton, MI. 48183	SELF EMPLOYED	10/02/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CASEY KASEM 138 North Mapleton LA, CA. 90077	CLEAR CHANNEL	10/02/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BROADCASTER	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RHONDA SALEM 6611 Heidi Ct. Melean, Va. 22101	NONE	10/02/00	4,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HouseWife	Aggregate Year-to-Date > \$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KHALED ALAMEDDINE 3216 Greenhills Dr. Lafayette, Ca. 94549	SELF EMPLOYED	10/04/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FUAD ABOUD PO BOX 79081 North Dartmouth	INFORMATION PENDING	10/06/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	

**SUBTOTAL** of Receipts This Page (optional) ..... **6,250.00**

**TOTAL** This Period (last page this line number only) ..... **6,250.00**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 11a 1

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)**

**ARAB AMERICAN LEADERSHIP PAC**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD AZAR 2424 ALTURA AVE EL PASO, TX. 79930	SELF EMPLOYED	10/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAJAT ARAFAT KHELIL 11209 HUNT CLUB DR. POTOMAC, MD. 20854		10/06/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FAROOK BARBANOI 4301 GARTH RD. #3 BAYTOWN, TX. 77521	SELF EMPLOYED	10/10/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DOCTOR	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
HUSAM MISLEH 2101 Silentree DR. VIENNA, VA. 22182	SELF EMPLOYED	10/10/00	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BASSAM EWAYS 14218 ROCK CANYON CENTERVILLE, VA. 20120	JOE'S PIZZA	10/11/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RESTAURANT OWNER	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
USAMA MISLEH 2824 ELSMORE STREET FAIRFAX, VA. 22031	MISLEH CORPORATION	10/11/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RESTAURANT OWNER	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALI JAWAD 201 HAMPSHIRE COURT DEARBORN, MI. 48124	ARMADA CORPORATION	10/13/00	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 2,250.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 5,750.00

**TOTAL** This Period (last page this line number only) ..... 18,000.00

**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)  
**ARAB AMERICAN LEADERSHIP PAC**

<b>A. Full Name, Mailing Address and ZIP Code</b> COMMITTEE FOR GOOD GOVERNMENT 8000 E JEFFERSON AVE. DETROIT, MI, 48214	Name of Employer PAC	Date (month, day, year) 10/16/00	Amount of Each Receipt this Period 2,500.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation N/a	
<b>B. Full Name, Mailing Address and ZIP Code</b>	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	
<b>C. Full Name, Mailing Address and ZIP Code</b>	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	
<b>D. Full Name, Mailing Address and ZIP Code</b>	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	
<b>E. Full Name, Mailing Address and ZIP Code</b>	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	
<b>F. Full Name, Mailing Address and ZIP Code</b>	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	
<b>G. Full Name, Mailing Address and ZIP Code</b>	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	

SUBTOTAL of Receipts This Page (optional) .....			
TOTAL This Period (last page this line number only) .....			2,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21B

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)  
ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FEC 999 E. ST. N.W. WASHINGTON, D.C. 20036	PENALTY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/17/00	4,500.00
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) .....

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

4,500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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)**

ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION	Date (month, day, year) 10/12/00	Amount of Each Disbursement This Period 2,000.00
ABRAHAM FOR SENATE 2000 26555 EVENGREEN RD. #1220 SOUTHFIELD, MI. 48076	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code CHRIS JOHN FOR CONGRESS PO BOX 971, CROWLEY, LA. 75026	Purpose of Disbursement CONTRIBUTION	Date (month, day, year) 10/05/00	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code DANA ROHRABACHER FOR CONGRESS 945 TENTH ST. HUNTINGTON, BEACH, CA. 92648	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code DAVID BONIOR FOR CONGRESS 237 SOUTH GRATIOT MT. CLEMENS, MI. 48043	Purpose of Disbursement CONTRIBUTION	Date (month, day, year) 10/18/00	Amount of Each Disbursement This Period 1,500.00
E. Full Name, Mailing Address and ZIP Code DINGELL FOR CONGRESS 5467 SCHAEFER RD. DEARBORN, MI. 48126	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code FRIENDS OF JOHN CONYERS 660 WOODWARD AVE #650 DETROIT, MI. 48226	Purpose of Disbursement CONTRIBUTION	Date (month, day, year) 10/18/00	Amount of Each Disbursement This Period 1,000.00
G. Full Name, Mailing Address and ZIP Code GREGORY MEEKS FOR CONGRESS PO BOX 900297 FAR ROCKAWAY, N.Y. 11691	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code ISSA FOR CONGRESS PO BOX 760 VISTA, CA. 92085	Purpose of Disbursement CONTRIBUTION	Date (month, day, year) 10/10/00	Amount of Each Disbursement This Period 2,000.00
I. Full Name, Mailing Address and ZIP Code JESSE JACKSON, JR. FOR CONGRESS PO BOX 49286 CHICAGO, ILL 60649	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

11,500.00

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 23

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)**

ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KEEP NICK RAHALL IN CONGRESS 1801 HARPER RD. BECKLEY, W.V. 25801	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-18/00	2,000.00
B. Full Name, Mailing Address and ZIP Code MAXINE WATERS FOR CONGRESS 1044 WEST 82nd ST. LOS ANGELES, CA. 90044	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	1,000.00
C. Full Name, Mailing Address and ZIP Code MORAN FOR CONGRESS 1225 19th ST. N.W. WASHINGTON, D.C. 20036	CONGRESS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/00	2,000.00
D. Full Name, Mailing Address and ZIP Code RE-ELECT CONGRESS KUCINICH COMM. PO BOX 110475 CLEVELAND, OH. 44111	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/00	1,000.00
E. Full Name, Mailing Address and ZIP Code RE-ELECT CYNTHIA MCKINNEY PO BOX 371125 DECATUR, GA.	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	1,000.00
F. Full Name, Mailing Address and ZIP Code SHEILA JACKSON-LEE FOR CONGRESS 3401 LA BRANCH ST. HOUSTON, TX. 77004	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	1,000.00
G. Full Name, Mailing Address and ZIP Code SUNUNI FOR CONGRESS PO BOX 500 RYE, N.H. 03870	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/00	1,500.00
H. Full Name, Mailing Address and ZIP Code TOM DAVIS FOR CONGRESS PO BOX 1772 YOUNGTOWNS, OH. 44501	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	1,000.00
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)

10,500.00

TOTAL This Period (last page this line number only)

22,000.00

**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)**  
ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF IGNATIUS J. DE MIO 1891 FULTON AVE. UP CLEVELAND, OH. 44113	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	250.00
B. Full Name, Mailing Address and ZIP Code NEW HAMPSHIRE VICTORY FUND 43 CENTRE STREET CONCORD, N.H. 03301	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	1,000.00
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) .....

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

1,250.00

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<b>ARAB AMERICAN LEADERSHIP PAC</b>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K STREET, N.W. #601 WASHINGTON, D.C. 20006	.51			.51
Nature of Debt (Purpose): <b>PHONE</b>				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K STREET, N.W. #601 WASHINGTON, D.C. 20006	369.61			369.61
Nature of Debt (Purpose): <b>PERSONNEL</b>				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K STREET, N.W. #601 WASHINGTON, D.C. 20006	382.95			382.95
Nature of Debt (Purpose): <b>OVERHEAD</b>				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K STREET, N.W. #601 WASHINGTON, D.C. 20006	123.86			123.86
Nature of Debt (Purpose): <b>SUPPLIES</b>				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor INTERNATIONAL GRAPHICS 10710 TUCKER STREET BELTSVILLE, MD. 20705	2,600.00			2,600.00
Nature of Debt (Purpose): <b>PRINTING</b>				
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)				3,476.93
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)				3,476.93

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-25-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>J.G.</i> PREPARER	<i>10-25-00</i> DATE PREPARED