

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -5 A 11: 24

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) GIPAC	2. FEC IDENTIFICATION NUMBER C00354571
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 4900 B South 31st Street	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Arlington, VA 22206-1656	

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
- 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 Nov 7 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>Oct 1, 2000</u> through <u>Nov 27, 2000</u>		
6. (a) Cash on Hand January 1, 1999		\$ 47,834.44
(b) Cash on Hand at Beginning of Reporting Period	\$ 57,451.15	
(c) Total Receipts (from Line 19)	\$ 11,200.00	\$ 54,135.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 68,651.15	\$ 101,969.44
7. Total Disbursements (from Line 30)	\$ 25,200.15	\$ 58,518.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from line 6(d))	\$ 43,451.00	\$ 43,451.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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 Deane A. Penn, M.D.	Date
Signature of Treasurer 	<u>11/28/00</u>

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	REPORT COVERING PERIOD		
	FROM	TO:	
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)	9,000.00	43,350.00	11(a)(i)
ii. Unitemized	2,200.00	10,785.00	11(a)(ii)
iii. Total (add i and ii) >	11,200.00	54,135.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	11,200.00	54,135.00	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			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	11,200.00	54,135.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	11,200.00	54,135.00	20
II. Disbursements			
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	17,700.15	42,518.44	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	17,700.15	42,518.44	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,500.00	16,000.00	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			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	25,200.15	58,518.44	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	25,200.25	58,518.44	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	11,200.00	54,135.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,200.00	54,135.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	17,700.15	42,518.44	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	17,700.15	42,518.44	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 11.B.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)

GI PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Bassi 65 Aaron Drive Mayboro NJ 07746	Atlantic Coast Gastro Associates	11-20-00	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 500 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert M. Bishop Suite 35 5424 North Road Indianapolis IN 46260	Northside GI	11-20-00	250 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	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
William D. Corey 2996 Morley Road Shaker Heights OH 44122	Cleveland Clinic	11-20-00	250 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	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
William S. Cline Suite 3008 4011 Orchard Midland MI 48640	SELF	11-20-00	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	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
Donald A. Cole 116 Palani Circle Lebanon TN 37087	Middle N Gastro PC	11-20-00	250 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 250 ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James P. Crowley 317 Howell Ave Cincinnati OH 45220	Greater Cincinnati Digestive Health Network	11-20-00	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	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
Nesbit Dasher 721 Meigs Street Augusta GA 30904	Digestive & Liver Disease Specialists	11-20-00	250 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 250 ⁰⁰	

SUBTOTAL of Receipts This Page (optional)

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

11.9.20

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NAME OF COMMITTEE (in Full)

GI PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James H. DeGeroma 1442 SE Atlanta Drive Lantana FL 33462	Self	11-20-00	250 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 250 ⁻		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James DiSario 574 12th Avenue Salt Lake City UT 84103	University of Utah	11-20-00	500 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 500 ⁻		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter R. Dumes 1143 Kings Way Drive Nokomis FL 34275	Self	11-20-00	250 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 250 ⁻		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H.P. Edgerton 2706 West McKinley Blvd Tampa FL 33629	Self	11-20-00	250 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 250 ⁻		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rene S.M. Eng 20A 200 East 57th Street New York, NY 10022	Self	11-20-00	250 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 250 ⁻		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Fleischer 6120 32nd Street, NW Washington DC 20015	Georgetown University	11-20-00	250 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 250 ⁻		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elliott N Fraiborg 304 4455 Woodward Pontiac MI 48323	Digestive Diseases & Consultants	11-20-00	250 ⁻
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician Aggregate Year-to-Date > \$ 250 ⁻		

SUBTOTAL of Receipts This Page (optional)

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, 12, 13

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NAME OF COMMITTEE (in Full)

GI PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. Alan Herman 4233 Morena Lane Jacksonville FL 32207 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > \$ 250 -	11-20-00	250 -
B. Full Name, Mailing Address and ZIP Code Michael P Krumholz 111 East 80th Street New York NY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > \$ 250 -	11-20-00	250 -
C. Full Name, Mailing Address and ZIP Code Douglas A. Kuperman 5424 Siesta Cove Drive Sarasota FL 34242 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Gastroenterology Associates of Sarasota Occupation: Physician Aggregate Year-to-Date > \$ 250 -	11-20-00	250 -
D. Full Name, Mailing Address and ZIP Code David J. Landset 307 Stone Harbor Blvd Cape May Court House NJ 08210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > \$ 250 -	11-20-00	250 -
E. Full Name, Mailing Address and ZIP Code Frank L. Lanza Suite 720, 777 SW Freeway Houston TX 77074 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	GE Consultants of Houston Occupation: Physician Aggregate Year-to-Date > \$ 500 -	11-20-00	500 -
F. Full Name, Mailing Address and ZIP Code Craig H. Lubin 1910 West 35th Street Austin TX 78703 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > \$ 250 -	11-20-00	250 -
G. Full Name, Mailing Address and ZIP Code Lawrence R. McCormack 217 Marshall Avenue Sandusky OH 44870 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: Physician Aggregate Year-to-Date > \$ 500 -	11-20-00	500 -

SUBTOTAL of Receipts This Page (optional)

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 4 OF 4
FOR LINE NUMBER 11-A, 2

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NAME OF COMMITTEE (in Full)

GEDAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R. Robinson 16501 Nina Circle Omaha NE 68130	G.E.A.	11-20-00	500 --
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 500 --	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terence Reisman 3894 Cedar Lane Tallahassee FL 32312	SELF	11-20-00	250 --
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 250 --	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maxwell Lent 3569 Seaway Drive Newport FL 32462	SELF	11-20-00	250 --
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 250 --	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas M. Swantkowski 205 Page Road Pinehurst Medical Clinic Pinehurst NC 28374	Pinehurst Medical Center	11-20-00	500 --
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 500 --	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven D. Weyer 5820 NW 84th Terrace Portland FL 33067	Cleveland Clinic	11-20-00	250 --
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 250 --	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gord High Yalamevchili 135 Quail Pines Drive Lawburg GA 31743	Alany Geshenfordos	11-20-00	250 --
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 250 --	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
You Sung Sang 79 Wewicke Street Norwich CT 06360	Norwich GI Associates	11-20-00	250 --
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 250 --	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

9,000 --

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21, 6.

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NAME OF COMMITTEE (in Full)

GI PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AGRM, Inc. 4900 B South 21st Street Arlington VA 22206	Management Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	654.92
B. Full Name, Mailing Address and ZIP Code Rays Reproductions 48 Madison Avenue Westwood NJ 07675	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	504.53
C. Full Name, Mailing Address and ZIP Code Ankur Doshi 1600 Parker Avenue Fort Lee NJ 07024	Website Design Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	400.00
D. Full Name, Mailing Address and ZIP Code Doyle Printing +offset Co. 6411 Old Landover Road Landover MD 20785	Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	12,806.48
E. Full Name, Mailing Address and ZIP Code Harris Services Inc 413 Calvert Avenue Alexandria VA 22301	Mailing Services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	3,334.22
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)

17,700.15

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

GIPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kennedy for Senate 426 C Street NE Washington DC 20002	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	1,000
Bar Cardin for Congress P.O. Box 65056 Baltimore MD 21200	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	2,500
People for Ben Ray 4010 Franconia Road Alexandria VA 22310	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	1,000
Sherrod Brown for Congress 3861 Japcot Road Akron OH 44311	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	1,000
Democratic National Committee 430 S Capitol St, SW Washington DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	1,000
Republican National Committee 310 First Street SE Washington DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	1,000
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 the line number only)

7,500

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) 12-2-00
<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	
	12-5-00
PREPARER	DATE PREPARED