

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 NOV -9 A.M. 13

1. NAME OF COMMITTEE (in full)
CITIZENS FOR THE REPUBLIC

ADDRESS (number and street) Check if different than previously reported
11321 HUNT FARM LN.

CITY, STATE and ZIP CODE
OAKTON, VA. 22124

2. FEC IDENTIFICATION NUMBER
C 00075390

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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 | COLUMN B |
|---|---|---------------|---|
| 5. Covering Period <u>7/1/99</u> through <u>9/30/99</u> | | This Period | Calendar Year-to-Date |
| 6. (a) | Cash on Hand January 1, 19 <u>99</u> | | \$ 63,226.38 |
| (b) | Cash on Hand at Beginning of Reporting Period | \$ 133,838.78 | |
| (c) | Total Receipts (from Line 19) | \$ 35,865.95 | \$ 124,372.09 |
| (d) | Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 169,704.73 | \$ 187,598.47 |
| 7. | Total Disbursements (from Line 30) | \$ 48,403.55 | \$ 66,297.29 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 121,301.18 | \$ 121,301.18 |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ - | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100 |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ - | |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **ASS'T TREASURER**
ANGELA M. BUCHANAN

Signature of Treasurer
Angela M. Buchanan

Date
10/30/99

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 CITIZENS FOR THE REPUBLIC | | REPORT COVERING PERIOD FROM 7/1/99 TO: 9/30/99 | |
|---|--|---|---------------------------|
| | | 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) | | 7,625-00 | 61,350-00 |
| ii. Unitemized | | 24,747-50 | 59,139-74 |
| iii. Total (add i and ii) > | | 32,372-50 | 120,489-74 |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contributions (add a ii, b and c) > | | 32,372-50 | 120,489-74 |
| 12. Transfers From Affiliated/Other Party Committees | | | |
| 13. All Loans Received | | | |
| 14. Loan Repayments Received | | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | 500-00 | 500-00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | 2,993-45 | 3,382-35 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | | 35,865-95 | 124,372-09 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | | 35,865-95 | 124,372-09 |
| 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 | | 48,403-55 | 66,297-29 |
| c. Total Operating Expenditures (add a i, a ii, and b) > | | | |
| 22. Transfers to Affiliated/Other Party Committees | | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | | |
| 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. Individual/Persons Other Than Political Committees | | | |
| b. Political Party Committees | | | |
| c. Other Political Committees (such as PACs) | | | |
| d. Total Contribution Refunds (add a, b and c) > | | | |
| 29. Other Disbursements | | | |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | | 48,403-55 | 66,297-29 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | | 48,403-55 | 66,297-29 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | | 32,372-50 | 120,489-74 |
| 33. Total Contribution Refunds (from line 28d) | | - | - |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | | 32,372-50 | 120,489-74 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | | 48,403-55 | 66,297-29 |
| 36. Offsets to Operating Expenditures (from line 15) | | 500-00 | 500-00 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | | 47,903-55 | 65,797-29 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
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)

CITIZENS FOR THE REPUBLIC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|---|------------------------------|--------------------------------------|------------------------------------|
| EDMUND DOMBILOWSKI 365 TERRACINA BLVD. REDLANDS, CA. 92373 | | 7-9-99 | 300-00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ 300-00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| CAZOL B. HALLETT 9392 MT. VERNON CIRCLE ALEXANDRIA, VA. 22309 | | 7-9-99 | 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 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| W. LAIRD STABLER, JR. BOX 124 MONTEHANAN, DE 19710 | | 7-9-99 | 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 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| RICHARD V. ALLEN 905 16TH ST, N.W. # 400 WASHINGTON, D.C. 20006 | SELF-EMPLOYED | 7-9-99 | 2,000-00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation CONSULTANT | Aggregate Year-to-Date > \$ 2,000-00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| J.A. WICKLAND, JR. 3640 AMERICAN RIVER DR. SALRAMENTO, CA. 95864 | WICKLAND OIL CO. | 9-15-99 | 1,000-00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation BUSINESS EXEC. | 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 |
| PETER B. DOOLEY P.O. BOX 323 ORFORD, N.H. 03777 | N/A | 9-15-99 | 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 | |
| G. Full Name, Mailing Address and ZIP Code | 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 | Aggregate Year-to-Date > \$ | |

SUBTOTAL of Receipts This Page (optional)

6,300-00

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 2
FOR LINE NUMBER 112

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 committees.

NAME OF COMMITTEE (In Full)

CITIZENS FOR THE REPUBLIC

| A. Full Name, Mailing Address and ZIP Code HARRY A. LANGER 2350 DORINA DR. NORTHFIELD, IL. 60093 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000-00 | Date (month, day, year) 6-25-99 | Amount of Each Receipt this Period 1,000-00 |
|---|--|------------------------------------|--|
| B. Full Name, Mailing Address and ZIP Code GROVE P. LAYBOURN, JR. 70 INTERLACHEN LN. EXCELSIOR, MN. 55331 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ 325-00 | Date (month, day, year) 8-19-99 | Amount of Each Receipt this Period 325-00 |
| C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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) 1,325-00
TOTAL This Period (last page this line number only) 1,625-00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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)

CITIZENS FOR THE REPUBLIC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|---|------------------------|-------------------------|------------------------------------|
| U.S. POSTMASTER 2700 CAMPUS DR. SAN MATEO, CA 94497-9400 | POSTAGE REFUND | 7-26-99 | 500-00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date | \$ | |
| B. Full Name, Mailing Address and ZIP Code | 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 | | |
| | 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 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | 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 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | 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 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | 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 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | 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 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | | |
| | Aggregate Year-to-Date | \$ | |

SUBTOTAL of Receipts This Page (optional) 500-00

TOTAL This Period (last page this line number only) 500-00

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)

CITIZENS FOR THE REPUBLIC

| A. Full Name, Mailing Address and ZIP Code PAINE WEBBER P.O. BOX 4012 WOODLAND HILLS, CA 91365 | Name of Employer DIVIDENDS AND INTEREST Occupation | Date (month, day, year) 7/23/99 7/15/99 | Amount of Each Receipt this Period 132.12 2,551.86 |
|--|--|---|--|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| Aggregate Year-to-Date > \$ 6 | | | |
| B. Full Name, Mailing Address and ZIP Code ✓ | Name of Employer ✓ Occupation | Date (month, day, year) 8/20/99 9/17/99 | Amount of Each Receipt this Period 171.52 137.95 |
| 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 Occupation | 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): | | | |
| Aggregate Year-to-Date > \$ 6 | | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer Occupation | 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): | | | |
| Aggregate Year-to-Date > \$ 6 | | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer Occupation | 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): | | | |
| Aggregate Year-to-Date > \$ | | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer Occupation | 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): | | | |
| Aggregate Year-to-Date > \$ | | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer Occupation | 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): | | | |
| Aggregate Year-to-Date > \$ | | | |

SUBTOTAL of Receipts This Page (optional) 2,993.45

TOTAL This Period (last page this line number only) 2,993.45

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 216

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NAME OF COMMITTEE (In Full)

CITIZENS FOR THE REPUBLIC

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| GRISWOLD + GRISWOLD | DIRECT MAIL EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7-10-99 | 2,501-95 |
| PREFERRED COMMUNICATIONS 5201 LEESBURG PIKE STE 1007 FALLS CHURCH, VA. 22041 | DIRECT MAIL EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7-10-99 7-10-99 | 990-00 2,031-75 |
| TRI-STATE ENVELOPE CORP. P.O. BOX 433 BELTSVILLE, MD. 20704 | DIRECT MAIL EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7-10-99 | 1,040-00 |
| WEST END PRINTING CO. 1609 SHERWOOD AVE. RICHMOND, VA. 23220 | DIRECT MAIL EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7-10-99 | 1,059-76 |
| DIRECT MAIL MANAGEMENT, INC 5511 KETCH RD. PRINCE FREDERICK, MD. 20678 | DIRECT MAIL EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7-10-99 7-26-99 | 1219-95 134-81 |
| WASHINGTON INTELLIGENCE BUREAU, INC. 2927 MERILEE DR. FAIRFAX, VA. 22031 | KEY PUNCHING EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7-26-99 | 200-00 |
| DM GROUP, L.C. 201 SHIPJACK ROAD PRINCE FREDERICK, MD. 20678 | DIRECT MAIL EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | 7-26-99 8-20-99 | 1550-64 688-69 |
| PREFERRED COMMUNICATIONS 5201 LEESBURG PIKE STE 1007 FALLS CHURCH, VA. 22041 | DIRECT MAIL EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8-20-99 | 2,755-00 |
| DIRECT MAIL MANAGEMENT 5511 KETCH RD. PRINCE FREDERICK, MD 20678 | POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9-13-99 9-15-99 | 18,000-00 8,000-00 |

SUBTOTAL of Disbursements This Page (optional)

40,172-55

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 216

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NAME OF COMMITTEE (in Full)

CITIZENS FOR THE REPUBLIC

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| ANGELA M. BUCHANAN 11321 HUNT FARM LN. OAKTON, VA. 22124 | REIMB. OFFICE EXP. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 7-26-99 | 215-00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| DIRECT MAIL MANAGEMENT 5511 KETCH RD. PRINCE FREDERICK, MD 20678 | POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9-22-99 | 8,000-00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| UNITEMIZED EXPENDITURES \$16-00 | FOR PERIOD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | 16-00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

SUBTOTAL of Disbursements This Page (optional)

8,231-00

TOTAL This Period (last page this line number only)

48,403-55

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 11-9-99 |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <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>Set</i> PREPARER | 11-9-99 DATE PREPARED |