

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2009 DEC -6 P 2:19

1. NAME OF COMMITTEE (In full)
American Horse Council COLT

ADDRESS (number and street)
1700 K Street, NW, #300

CITY, STATE and ZIP CODE
Washington DC 20006

2. FEC IDENTIFICATION NUMBER
C00089987

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 21

- Twelfth day report preceding _____ election on _____ in the State of _____
- Thirtieth day report following the General Election on 11/7/2000 in the State of DC

(b) Is This Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/2000</u> through <u>11/27/2000</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$37,480.84
(b) Cash on Hand at Beginning of Reporting Period	\$22,340.84	
(c) Total Receipts (from Line 19)	\$3,700.00	\$26,310.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$26,040.84	\$63,790.84
7. Total Disbursements (from Line 30)	\$2,750.00	\$40,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$23,290.84	\$23,290.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	

For further information contact:
Federal Election Commission
999 E. Street, NW
Washington, DC 20463
Toll Free 800-424-9530
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: **James J. Hickey, Jr.**

Signature of Treasurer: *James J. Hickey, Jr.* Date: **11/30/2000**

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

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FEC FORM 3X
(revised 8/93)

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

Name of Committee American Horse Council COLT		C00089987		REPORT COVERING PERIOD FROM 10/18/2000 TO 11/27/2000		
				COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts						
11.	Contributions (other than loans) From:					
	a. Individuals/Persons Other Than Political Committees					
	i. Itemized (use Schedule A)		\$3,500.00	\$24,100.00		11(b)(i)
	ii. Unitemized		\$200.00	\$2,210.00		11(a)(ii)
	ii. Total (add i and ii.)		\$3,700.00	\$26,310.00		11(a)(iii)
	b. Political Party Committees		\$0.00	\$0.00		11(b)
	c. Other Political Committees (such as PACs)		\$0.00	\$0.00		11(c)
	d. Total Contributions (add a ii, b and c.)		\$3,700.00	\$26,310.00		11(d)
12.	Transfers From Affiliated/Other Party Committees		\$0.00	\$0.00		12
13.	At Loans Received		\$0.00	\$0.00		13
14.	Loan Repayments Received		\$0.00	\$0.00		14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		\$0.00	\$0.00		15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		\$0.00	\$0.00		16
17.	Other Federal Receipts (Dividends, Interest, etc.)		\$0.00	\$0.00		17
18.	Transfers from Nonfederal Account for Joint Activity		\$0.00	\$0.00		18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18.)		\$3,700.00	\$26,310.00		19
20.	Total Federal Receipts (subtract line 18 from line 19.)		\$3,700.00	\$26,310.00		20
II. Disbursements						
21.	Operating Expenditures:					
	a. Shared Federal/Non-Federal Activity (from Schedule H4)					
	i. Federal Share		\$0.00	\$0.00		21(a)(i)
	ii. Non-Federal Share		\$0.00	\$0.00		21(a)(ii)
	b. Other Federal Operating Expenditures		\$0.00	\$0.00		21(b)
	c. Total Operating Expenditures (add a i, a ii, and b.)		\$0.00	\$0.00		21(c)
22.	Transfers to Affiliated/Other Party Committees		\$0.00	\$0.00		22
23.	Contributions to Federal Candidates/Committees and Other Political Committees		\$2,750.00	\$40,500.00		23
24.	Independent Expenditures (use Schedule E)		\$0.00	\$0.00		24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		\$0.00	\$0.00		25
26.	Loan Repayments Made		\$0.00	\$0.00		26
27.	Loans Made		\$0.00	\$0.00		27
28.	Refunds of Contributions To:					
	a. Individuals/Persons Other Than Political Committees		\$0.00	\$0.00		28(a)
	b. Political Party Committees		\$0.00	\$0.00		28(b)
	c. Other Political Committees (such as PACs)		\$0.00	\$0.00		28(c)
	d. Total Contribution Refunds (add a, b and c.)		\$0.00	\$0.00		28(d)
29.	Other Disbursements		\$0.00	\$0.00		29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29.)		\$2,750.00	\$40,500.00		30
31.	Total Federal Disbursements (subtract line 21 d from line 30.)		\$2,750.00	\$40,500.00		31
III. Net Contributions/Operating Expenditures						
32.	Total Contributions (other than loans) (from line 11d)		\$3,700.00	\$26,310.00		32
33.	Total Contribution Refunds (from line 28d)		\$0.00	\$0.00		33
34.	Net Contributions (other than loans) (subtract line 33 from 32)		\$3,700.00	\$26,310.00		34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b.)		\$0.00	\$0.00		35
36.	Offsets to Operating Expenditures (from line 15)		\$0.00	\$0.00		36
37.	Net Operating Expenditures (subtract line 36 from 35.)		\$0.00	\$0.00		37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER

11(a)(i)

Contributions from Individuals

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) **American Horse Council COLT** C00089987

A. Full Name, Mailing Address and ZIP Code Bramlage, L.R. 2104 Palomar Ct. Lexington KY 40580	Name of Employer Rood=Riddle	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Veterinarian	
		Aggregate Year-to-Date > \$1,100.00	

B. Full Name, Mailing Address and ZIP Code Embertson, Rolf M. 2121 Ridgeway Ct. Lexington KY 40513	Name of Employer Self-employed	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Horse Owner	
		Aggregate Year-to-Date > \$1,000.00	

C. Full Name, Mailing Address and ZIP Code Hillenmeyer, Walter 6000 Greenwich Pike Lexington KY 40511	Name of Employer Self-employed	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Horse Owner	
		Aggregate Year-to-Date > \$500.00	

D. Full Name, Mailing Address and ZIP Code Riddle, W. Thomas 7500 Frankfort Rd. Versailles KY 40383	Name of Employer Self-employed	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Occupation Veterinarian	
		Aggregate Year-to-Date > \$1,000.00	

Full Name, Mailing Address and ZIP Code	Name of Employee	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 >	

Full Name, Mailing Address and ZIP Code	Name of Employee	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 >	

Full Name, Mailing Address and ZIP Code	Name of Employee	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)	\$3,500.00
TOTAL This Period (last page this line number only)	\$3,500.00

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Secondary Page

Contributions to Federal Candidates

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) **American Horse Council COLT** **C00089987**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Earl Pomeroy For Congress P. O. Box 746 Bismarck ND 58502	Earl Pomeroy House 00 (ND) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/26/2000	\$500.00
Jerry Weller For Congress 4451 Brookfield Corporate Dr. Chantilly VA 20151	Jerry Weller House 11 (IL) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	10/26/2000	\$2,000.00
Sam Ewing For Congress P. O. Box 223 Pontiac IL 61764	Sam Ewing House 15 (IL) Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	11/20/2000	\$250.00
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
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
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
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
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
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)	\$2,750.00
TOTAL This Period (last page this line number only)	\$2,750.00

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 12/14/00
<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	
 CR	 12/16/00
PREPARER	DATE PREPARED