

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

1. NAME OF COMMITTEE (in full) Value in Electing Women Political Action Committee	2. FEC IDENTIFICATION NUMBER C00327189
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1155 21st Street, NW, Suite 300	2000 FEB 10 10 4 21
CITY, STATE and ZIP CODE Washington, DC 20036	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
 Thirtieth day report following the General Election on _____
 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>01/01/00</u> through <u>01/31/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		
(b) Cash on Hand at Beginning of Reporting Period	\$ 24,987.60	\$ 24,987.60
(c) Total Receipts (from Line 19)	\$ 8,625.00	\$ 8,625.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 33,612.50	\$ 33,612.50
7. Total Disbursements (from Line 30)	\$ 2,615.89	\$ 2,615.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 30,996.61	\$ 30,996.61
9. Debts and Obligations Owed TO 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 20483 Toll Free 800-424-9630 Local 202-219-9420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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
Barbara W. Bonfiglio

Signature of Treasurer

Barbara W. Bonfiglio

Date

2/17/00

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

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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	Value in Electing Women Political Action Committee	REPORT COVERING PERIOD		
		FROM 01/01/00	TO 01/31/00	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees	4,250.00	4,250.00	11(a)(f)
i.	Itemized (use Schedule A)	125.00	125.00	11(a)(f)
ii.	Unitemized	4,376.00	4,375.00	11(a)(g)
iii.	Total (add i and ii) >	0.00	0.00	11(b)
b.	Political Party Committees	4,250.00	4,250.00	11(c)
c.	Other Political Committees (such as PACs)	8,625.00	8,625.00	11(d)
d.	Total Contributions (add a ii, b and c) >	0.00	0.00	12
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	13
13.	All Loans Received	0.00	0.00	14
14.	Loan Repayments Received	0.00	0.00	15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	17
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18.	Transfers from Nonfederal Account for Joint Activity	8,625.00	8,625.00	19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8,625.00	8,625.00	20
20.	Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	21(a)(f)
i.	Federal Share	0.00	0.00	21(a)(f)
ii.	Non-Federal Share	615.89	615.89	21(b)
b.	Other Federal Operating Expenditures	615.89	615.89	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	22
22.	Transfers to Affiliated/Other Party Committees	2,000.00	2,000.00	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	24
24.	Independent Expenditures (use Schedule E)	0.00	0.00	25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	26
26.	Loan Repayments Made	0.00	0.00	27
27.	Loans Made			
28.	Refunds of Contributions To:	0.00	0.00	28(a)
a.	Individuals/Persons Other Than Political Committees	0.00	0.00	28(b)
b.	Political Party Committees	0.00	0.00	28(c)
c.	Other Political Committees (such as PACs)	0.00	0.00	28(d)
d.	Total Contribution Refunds (add a, b and c) >	0.00	0.00	29
29.	Other Disbursements	2,615.89	2,615.89	30
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,615.89	2,615.89	31
31.	Total Federal Disbursements (subtract line 21 a i from line 30) >			
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	8,625.00	8,625.00	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	8,625.00	8,625.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	615.89	615.89	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	615.89	615.89	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11c

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)
Value in Electing Women Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nat'l Venture Capital Assn. PAC 1655 N. Fort Myer Drive Suite 850 Arlington, VA 22209		01/14/00	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code Cooksey For Congress Committee P.O. Box 7600 Monroe, LA 71211-7600		01/19/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code American Soc. of Anesthesiologists PAC 520 N. Northwest Highway Park Ridge, IL 60068		01/27/00	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	
D. Full Name, Mailing Address and ZIP Code RJR PAC P.O. Box 718 401 N. Main Street Winston-Salem, NC 27102		01/27/00	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			
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			
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			
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) 4,250.00

TOTAL This Period (last page this line number only) 4,250.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
Value in Electing Women Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Victoria Toensing 901 15th St., NW #430 Washington, DC 20005	diGenova & Toensing Occupation Attorney	01/10/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Penelope Payne 425 8th St., N.W. Washington, DC 20004	Name of Employer Occupation	Date (month, day, year) 01/19/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Kathleen Harrington 5620 Nevada Ave., N.W. Washington, DC 20015	Name of Employer ATENA Occupation Lobbyist	Date (month, day, year) 01/27/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Lauren Maddox 1111 19th St., N.W., #402 Washington, DC 20038	Name of Employer Federation of America Health Systems Occupation Vice President	Date (month, day, year) 01/27/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Gary Andros 610 Langston Lane Falls Church, VA 22046	Name of Employer Dutko & Assoc. Occupation Lobbyist	Date (month, day, year) 01/27/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Susan Andros 610 Langston Lane Falls Church, VA 22046	Name of Employer Union Pacific Occupation Lobbyist	Date (month, day, year) 01/27/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Adrienne T. Bigger 323 Second St., SE Washington, DC 20003	Name of Employer Amer. Assoc. of Health Plans Occupation Washington Representative	Date (month, day, year) 01/27/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

1,750.00

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 17 a 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)
Value in Electing Women Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Boland 700 13th St., N.W., Suite 400 Washington, DC 20005	Boland & Madigan Occupation Consultant	01/27/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Sally S. Donner 736 Fifth St., NE Washington, DC 20002	Kraft General Foods Occupation Director, Gov't Affairs	01/27/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Branda G. Fleming 5023 Washington Blvd. Arlington, VA 22205	Ashland, Inc. Occupation Washington Representative	01/27/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Beverly McKittrick 1001 N. Randolph St., Apt. 711 Arlington, VA 22201	Phillip Morris Occupation Lobbyist	01/27/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Shannon Russell 4277 S. 35th St., Apt. B-1 Arlington, VA 22206-1833	Ashland, Inc. Occupation Sr. Washington Rep.	01/27/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Shane Schriefer 504 W. Taylor Run Pkwy Alexandria, VA 22314	Distilled Spirits Council of the US Occupation Lobbyist	01/27/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Mary Tavenner 6203 Elati Ct. Alexandria, VA 22310	Self-Employed Occupation Lobbyist	01/27/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) **1,750.00**

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 3 OF 3
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
Value in Electing Women Political Action Committee

A. Full Name, Mailing Address and ZIP Code Kristin S. Wolgemuth 610 South Lee St. #2 Alexandria, VA 22314	Name of Employer Information Requested Occupation	Date (month, day, year) 01/27/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 9 250.00	
B. Full Name, Mailing Address and ZIP Code Mary Zetwick 1111 Army Navy Dr., Apt. 1403 Arlington, VA 22202	Name of Employer Williams & Jensen Occupation Attorney	Date (month, day, year) 01/27/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 8 260.00	
C. Full Name, Mailing Address and ZIP Code Suzie Brewster 16 D Street, S.E. Washington, DC 20003	Name of Employer Self-Employed Occupation Consultant	Date (month, day, year) 01/27/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > 6 250.00	
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 > \$	
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)	750.00
TOTAL This Period (last page this line number only)	4,250.00

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)
Value in Electing Women Political Action Committee

A. Full Name, Mailing Address and ZIP Code Joyce Gates 4135 Seminary Rd. Alexandria, VA 22304	Purpose of Disbursement Fundraising Expenses/Phone/Fax/Pos Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/27/00	Amount of Each Disbursement This Period 615.89
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)	615.89
TOTAL This Period (last page this line number only)	615.89

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)
Value in Electing Women Political Action Committee

A. Full Name, Mailing Address and ZIP Code People For Hart P.O. Box 435 Wexford, PA 15090	Purpose of Disbursement Hart, U.S. HOUSE 4th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 01/13/00	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Shelley Moore Capito For Congress Comm. P.O. box 11519 Charleston, WY 26339	Purpose of Disbursement Moore Capito, U.S. HOUSE WV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 01/13/00	Amount of Each Disbursement This Period 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)	2,000.00
TOTAL This Period (last page this line number only)	2,000.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 2-18-00
<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>lar</i> PREPARER	2-20-00 DATE PREPARED