

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 JAN 30 A 10:30

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>Consumer Bankers Association Political Action Committee</i>		2. FEC IDENTIFICATION NUMBER <i>C00035135</i>
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported <i>1000 Wilson Blvd. Suite 2500</i>		
CITY, STATE and ZIP CODE <i>Arlington, VA 22209-3912</i>		
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

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	<i>7/1/99</i> through <i>12/31/99</i>		
6. (a) Cash on Hand January 1, 19 <i>99</i>			\$ <i>41,844.78</i>
(b) Cash on Hand at Beginning of Reporting Period		\$ <i>34,002.11</i>	
(c) Total Receipts (from Line 1B)		\$ <i>19,670.40</i>	\$ <i>21,531.03</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <i>53,672.51</i>	\$ <i>63,375.81</i>
7. Total Disbursements (from Line 3C)		\$ <i>6,500.-</i>	\$ <i>16,203.30</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <i>47,172.51</i>	\$ <i>47,172.51</i>
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 <i>JAYNE ELLEN HUNT</i>	Date <i>1-29-00</i>
Signature of Treasurer <i>Jayne Ellen Hunt</i>	

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	REPORT COVERING PERIOD		
	FROM	TO	
	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) .....	1,000.-	1,000.-	11(a)(i)
ii. Unitemized .....		260.-	11(a)(ii)
iii. Total .....	1,000.-	1,260.-	11(a)(iii)
b. Political Party Committees .....			11(b)
c. Other Political Committees (such as PACs) .....	18,500.-	19,904.21	11(c)
d. Total Contributions .....	19,500.-	21,169.21	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.) .....	170.45	361.55	17
18. Transfers from Nonfederal Account for Joint Activity .....			18
19. Total Receipts .....	19,670.45	21,531.03	19
20. Total Federal Receipts .....			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 .....			21(b)
c. Total Operating Expenditures .....			21(c)
22. Transfers to Affiliated/Other Party Committees .....			22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	6,500.-	16,000.-	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 .....			28(d)
29. Other Disbursements .....		203.30	29
30. Total Disbursements .....	6,500.-	16,203.30	30
31. Total Federal Disbursements .....			31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	19,500.-	21,169.21	32
33. Total Contribution Refunds (from line 28d) .....			33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	19,500.-	21,169.21	34
35. Total Federal Operating Expenditures .....			35
36. Offsets to Operating Expenditures (from line 15) .....			36
37. Net Operating Expenditures .....			37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11a11

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)

Consumer Bankers Association Political Action Committee C0003535

A. Full Name, Mailing Address and ZIP Code Bradford H. Warner 100 Federal Street 01-25-03 Boston, MA 02110	Name of Employer Fleet Boston Financial Corporation	Date (month, day, year) 11/19/99	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: Vice Chairman Aggregate Year-to-Date > \$ 1,000.00		
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)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11c

*Contributions from PACs*

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NAME OF COMMITTEE (In Full)

*Consumer Bankers Association Political Action Committee C00035335*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Crestar Financial Corp. PAC 919 East Main Street, P.O. Box 26665 Richmond, VA 23261-6665</i>		<i>7/26/99</i>	<i>\$ 500. --</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500. --</i>	
<i>Mellon Bank Corp Bipartisan PAC One Mellon Bank Center, Room 625 Pittsburgh, PA 15259</i>		<i>7/26/99</i>	<i>\$ 2000. --</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>2000. --</i>	
<i>PNC Bank PAC Two PNC Plaza Pittsburgh, PA 15222-2719</i>		<i>7/27/99</i>	<i>\$ 1000. --</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1000. --</i>	
<i>Wachovia Bank, NC Employees PAC P.O. Box 3099 Winston-Salem, NC 27102-7281</i>		<i>8/3/99</i>	<i>\$ 2000. --</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>2000. --</i>	
<i>BankBoston Corp PAC 100 Federal Street Boston, MA 02110</i>		<i>8/15/99</i>	<i>\$ 1000. --</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1000. --</i>	
<i>National City Corp PAC National City Center, 1900 E. Ninth Street Cleveland, OH 44114-3484</i>		<i>8/23/99</i>	<i>\$ 500. --</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>500. --</i>	
<i>KeyCorp PAC 127 Public Square Cleveland, OH 44114</i>		<i>8/24/99</i>	<i>\$ 1000. --</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>1000. --</i>	

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

*5000. --*

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 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)

*Consumer Bankers Association Political Action Committee C00035335*

A. Full Name, Mailing Address and ZIP Code MBNA Corp PAC 1100 North King Street Wilmington, DE 19884-0127	Name of Employer  Occupation Aggregate Year-to-Date > \$ 2000.-	Date (month, day, year) 10/14/99	Amount of Each Receipt this Period \$ 2000.-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$ 2500.-	Date (month, day, year) 10/14/99	Amount of Each Receipt this Period \$ 2500.-
B. Full Name, Mailing Address and ZIP Code The Chase Manhattan Corp Fund For Govt FBC ID# C00035335 270 Park Avenue New York, NY 10017	Name of Employer  Occupation Aggregate Year-to-Date > \$ 1000.-	Date (month, day, year) 11/9/99	Amount of Each Receipt this Period \$ 1000.-
C. Full Name, Mailing Address and ZIP Code US Bancorp PAC MPEP2805 601 Second Avenue South Minneapolis, MN 55402-4302	Name of Employer  Occupation Aggregate Year-to-Date > \$ 5000.-	Date (month, day, year) 12/1/99	Amount of Each Receipt this Period \$ 5000.-
D. Full Name, Mailing Address and ZIP Code Citigroup Inc PAC 153 East 53rd Street New York, NY 10043	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	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	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

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

10,500.-

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

\$ 18,500.-

**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)

*Consumer Bankers Association Political Action Committee* *C00023345*

A. Full Name, Mailing Address and ZIP Code <i>Crestar Bank</i> <i>P.O. Box 85024</i> <i>Richmond, VA 23285-5024</i>	Name of Employer <i>Interest</i>  Occupation  Aggregate Year-to-Date $\rightarrow$ <i>0</i> <i>361.22</i>	Date (month, day, year) <i>7/20/99</i> <i>8/20/99</i> <i>9/20/99</i> <i>10/20/99</i> <i>11/20/99</i> <i>12/20/99</i>	Amount of Each Receipt this Period <i>27.82</i> <i>27.12</i> <i>29.66</i> <i>26.50</i> <i>26.52</i> <i>26.45</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date $\rightarrow$ <i>0</i>	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Aggregate Year-to-Date $\rightarrow$ <i>0</i>	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):	Name of Employer  Occupation  Aggregate Year-to-Date $\rightarrow$ <i>0</i>	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Aggregate Year-to-Date $\rightarrow$ <i>0</i>	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):	Name of Employer  Occupation  Aggregate Year-to-Date $\rightarrow$ <i>0</i>	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code	Name of Employer  Occupation  Aggregate Year-to-Date $\rightarrow$ <i>0</i>	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):	Name of Employer  Occupation  Aggregate Year-to-Date $\rightarrow$ <i>0</i>	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... *170.40*

TOTAL This Period (last page this line number only) ..... *170.40*

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

*Consumer Bankers Association Political Action Committee C00035335*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Boucher for Congress Committee 195 Park Street, P.O. Box 2000 Abingdon, VA 24210</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7/16/99</i>	<i>\$ 250.00</i>
<i>Conte to Re-Elect Lindsey Graham P.O. Box 1155 Seneca, SC 29679</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7/27/99</i>	<i>\$ 500.00</i>
<i>Citizens for Gillmor 300 First Street, SE Washington, DC</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9/10/99</i>	<i>\$ 500.00</i>
<i>Friends of John LaFalce P.O. Box 2884 Washington, DC 20013</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9/10/99</i>	<i>\$ 500.00</i>
<i>Mendez for Congress, Inc P.O. Box 848 Union City, NJ 07087</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9/15/99</i>	<i>\$ 500.00</i>
<i>Castle Campaign Fund P.O. Box 133 Wilmington, DE 19899</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9/20/99</i>	<i>\$ 500.00</i>
<i>Ken Bentsen Jr. for Congress P.O. Box 75214 Washington, DC 20013-5214</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/14/99</i>	<i>\$ 500.00</i>
<i>DASHPAL 424 C Street, NE Washington, DC 20002</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/15/99</i>	<i>\$ 1000.00</i>
<i>Friends of Phil Gramm 900 Second Street, NE Ste 114 Washington, DC 20002</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/18/99</i>	<i>1000.00</i>

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

*\$ 5250.00*

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

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NAME OF COMMITTEE (in Full)

*Consumer Bankers Association Political Action Committee C00035335*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Friends of Jim Maloney 38 Ivy Street, SE Washington, DC 20003</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/10/99</i>	<i>\$ 500.00</i>
<i>Volunteers for Vento 5422 Seminary Road Alexandria, VA 22311</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>12/9/99</i>	<i>\$ 500.00</i>
<i>Conte to Re-elect Marge Roukema P.O. Box 624 Ridgeway, NJ 07451</i>	<i>Contribution</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>12/17/99</i>	<i>\$ 250.00</i>
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) ..... *\$ 1250.00*

TOTAL This Period (last page this line number only) ..... *\$ 6500.00*



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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-27-00
<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	
<i>Set</i> PREPARER	1-30-00 DATE PREPARED