

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 33
12/07/2000 16 : 25

1. NAME OF COMMITTEE (in full) Human Rights Campaign PAC		2. FEC IDENTIFICATION NUMBER C00235853
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 918 18th Street NW Suite 800	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)	
CITY, STATE, and ZIP CODE Washington DC 20006		

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 |
- Twelfth day report preceding _____
(election type) _____
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>10/19/2000</u> through <u>11/27/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		130354.50
(b) Cash on Hand at Beginning of Reporting Period	243586.36	
(c) Total Receipts (from line 19)	70938.84	794248.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	314525.20	924602.67
7. Total Disbursements (from line 30)	125285.51	735372.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	189229.69	189229.69
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 20463 Toll Free 800-424-9530 Local 202-219-3420
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 Electronically Filed by Elizabeth Birch		
Signature of Treasurer	Date 12/07/2000	

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 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE Human Rights Campaign PAC		REPORT COVERING PERIOD FROM 10/19/2000 TO: 11/27/2000	
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)	37166.66	327437.56	11.a.i.
ii. Unitemized	31105.68	456874.40	11.a.ii.
iii. Total	68272.34	784312.36	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	5000.00	11.c.
d. Total Contributions	68272.34	789312.36	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All 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 ..	1250.00	1250.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	1416.50	3685.81	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	70938.84	794248.17	19.
20. Total Federal Receipts	70938.84	794248.17	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	1250.35	21.b.
c. Total Operating Expenditures	0.00	1250.35	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	125295.51	734122.63	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 Sch. 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 Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	125295.51	735372.98	30.
31. Total Federal Disbursements	125295.51	735372.98	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	68272.34	789312.36	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	68272.34	789312.36	34.
35. Total Federal Operating Expenditures	0.00	1250.35	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	1250.35	37.

SCHEDULE A		ITEMIZED RECEIPTS		3 / 33
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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) Human Rights Campaign PAC				
Full Name, Mailing Address, and ZIP Code Mr. Richard C. Mordosovich 2400 Diamond San Francisco CA 94131-2610 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Key Corp Occupation Vice Pres of Sales Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Dr. Bonnie C. Desselle, MD 2432 Calhoun Street New Orleans LA 70118-6302 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Louisiana State Univ. Medical Center Occupation Doctor Aggregate Year-to-Date > \$ 1666.70	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 166.67	
Full Name, Mailing Address, and ZIP Code Mr. Patrick Young 1126 Turner Avenue Dallas TX 75208-3742 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Dallas Metrocare Occupation Physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Dan Bartley 216 Castro St San Francisco CA 94114-1519 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Zephyr Real Estate Occupation realtor Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. William M. Hardin 8210 N 53rd St Paradise Vly AZ 85253-2510 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Meyer, Hendricks Occupation Lawyer Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Mark H. Giese 29 Clarendon Street Boston MA 02116-6108 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self employed Occupation software engineer Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Frank J. Wilms 6310 Caminito del Pesto San Diego CA 92111-6825 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer US West Communications, Inc. Occupation Manager Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 33
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NAME OF COMMITTEE (In Full)
Human Rights Campaign PAC

Full Name, Mailing Address, and ZIP Code Mr. Leo O. Bacher, Jr. 3878 Oak Lawn Avenue Suite 510 Dallas TX 75210-4460	Name of Employer Baker and McKenzie	Date (month, day, year) 11/22/2000	Amount of Each Receipt this Period 700.00
	Occupation Lawyer		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 700.00			
Full Name, Mailing Address, and ZIP Code Ms. Sally L. Hueston 2301 Brentwood Street Lakewood CO 80215-1844	Name of Employer Waterfield Financial	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Senior Loan Officer		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Brian L. Pudenz 1210 Prospect Ave Hartford CT 06105-1123	Name of Employer US Department of Labor	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Attorney		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 900.00			
Full Name, Mailing Address, and ZIP Code Ms. Margie L. Edwards 1118 S. Luna Circle Santa Fe NM 87501-1628	Name of Employer Not applicable	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Not applicable		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. John Watzling 615 Parkview Lane Richardson TX 75080-5118	Name of Employer Retired	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Retired		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Ms. Beverly C. Korfin 229 Lockwood Terrace Decatur GA 30030-2729	Name of Employer C.R. Bard Inc.	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Marketing Manager		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Thomas August Garce 44 St. James Street Roxbury MA 02119-3218	Name of Employer Freedom of Information, Inc.	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Internet Developer		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 400.00			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 33
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NAME OF COMMITTEE (In Full)
Human Rights Campaign PAC

Full Name, Mailing Address, and ZIP Code Mr. Steven Rayl 5304 Nakoma Drive Dallas TX 75209-5620	Name of Employer Self-Employed	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Accountant	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Mr. Harvey L. Hurdle 258 S. Third Street, # 6 Philadelphia PA 19106-3829	Name of Employer CDI Corp.	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Accountant	Aggregate Year-to-Date > \$ 700.00	
Full Name, Mailing Address, and ZIP Code Mr. Curt Decker 8 W. Read Street, # 2 Baltimore MD 21201-5314	Name of Employer NAPAS	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 900.00	
Full Name, Mailing Address, and ZIP Code Ms. Sely Susman 200 Vesey St., 48th Floor New York NY 10285-1000	Name of Employer American Express Company	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 208.33
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation VP Public Affairs, Europe	Aggregate Year-to-Date > \$ 1108.33	
Full Name, Mailing Address, and ZIP Code Dr. Rebecca N. Fleischman 1906 SW Edgewood Rd Portland OR 97201-2238	Name of Employer GM Research and Development	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation research scientist	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Ms. Abby R. Rubinfeld 3729 Meadowbrook Ave. Nashville TN 37205-2351	Name of Employer Rubinfeld and Associates	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Mr. Ronald Gebhardtshauer 2501 Porter Street NW # 808 Washington DC 20008-1248	Name of Employer The American Academy of Actuaries	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Principal Actuary	Aggregate Year-to-Date > \$ 1250.00	
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 33
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NAME OF COMMITTEE (In Full)
Human Rights Campaign PAC

Full Name, Mailing Address, and ZIP Code Mr. Bob Bernstein 9505 Linden Avenue Bethesda MD 20814-1638 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Dr. Howard Fradkin, Ph.D. 314 King Ave. Columbus OH 43201-2814 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Affirmations	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 125.00
	Occupation Psychiatrist		
	Aggregate Year-to-Date > \$ 1250.00		
Full Name, Mailing Address, and ZIP Code Robert M. Eichler 3455 Hunts Point Rd. Bellevue WA 98004-1117 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-Employed	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Investor		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Gary M. Glelow 1177 California Street, # 329 San Francisco CA 94108-2219 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self-employed	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation investor		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. David N. VonStorch 1612 U Street, NW Suite 400 Washington DC 20009-6210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Urban Adventures of Washington, Inc.	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 150.00
	Occupation Executive		
	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code Mr. Gary L. Buffington 1084 Berkshire Road NE Atlanta GA 30308-3002 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Executive Director	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Trade Association		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ms. Kathy Hewitt 900 Bison Trail Dallas TX 75208-3313 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation realtor		
	Aggregate Year-to-Date > \$ 1000.00		
SUBTOTALS of Receipts This Page (Optional)			
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NAME OF COMMITTEE (In Full)
Human Rights Campaign PAC

Full Name, Mailing Address, and ZIP Code Mr. Drew Andrew Huff 2276 Goodwood Boulevard Smyrna GA 30080-8205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Coopers And Lybrand	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Accountant		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Dr. Steven M. Pounders MD 4205 Buena Vista Dallas TX 75205-4422 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self-employed	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation physician		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Rick Kramer 800 Pearl Street, Apt. 706 Denver CO 80203-3338 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Great-West Life Assurance Comp	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation National Accts Mngr		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. James W. Asp, II 151 East 51st Street Apt. 27J New York NY 10016-9500 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer UC-Irvine	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Associate Vice Chancellor		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ms. Joan L. Burke 14004 Broadway Terrace Oakland CA 94811-1249 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer John Hancock Financial Services	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation V.P. of Human Resources		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Wayne E. Gresham 1404 Missouri St. Houston TX 77006-2524 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer MG Natural Gas Corp.	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 150.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code Dr. William S. Gilmer MD 2323 Dunstan Road Houston TX 77005-2813 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		
SUBTOTALS of Receipts This Page (Optional)			
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NAME OF COMMITTEE (In Full)
Human Rights Campaign PAC

Full Name, Mailing Address, and ZIP Code Mrs. Nadine Navarro 240 Valarde Street Mountain View CA 94041-2242	Name of Employer Nadine Navarro Consult. (self-employed)	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Marketing Consultant		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Gerry G. Banister 19415 Riverside Drive Beverly Hills MI 48025-2955	Name of Employer Self Employed	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Realtor		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Richard Tigner Hanover House 147 15th Street, Apt. 12C Atlanta GA 30309-3564	Name of Employer Nations Securities	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Investment Consultant		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ms. Lynn Sheppard 951 Monroe Dr., #102-220 Atlanta GA 30308	Name of Employer The Experience	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Director		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Dr. Gene H. Zaglin 119 Oakmont Avenue San Rafael CA 94901-1233	Name of Employer Retired	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 208.33
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Physician/Retired		
	Aggregate Year-to-Date > \$ 2083.30		
Full Name, Mailing Address, and ZIP Code Mr. Edwin A. Hardy 168 Henry Adams St San Francisco CA 94105-5218	Name of Employer Ed Hardy/San Francisco	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 208.33
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Antiques		
	Aggregate Year-to-Date > \$ 2083.30		
Full Name, Mailing Address, and ZIP Code Mr. Alan H. Levi 2501 Oak Lawn Ave., Ste. 285 Dallas TX 75219-4079	Name of Employer Alan H. Levi, PC	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation CPA		
	Aggregate Year-to-Date > \$ 800.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 33
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Human Rights Campaign PAC

Full Name, Mailing Address, and ZIP Code Mr. Melvin M. Sigman 8540 Lookout Mountain Avenue Los Angeles CA 90046-1816 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Psychiatrist		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Dr. Peggy G. Miller 4937 Hearst Street, # 2F Metairie LA 70001-1120 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 100.00
	Occupation Fritology/Herbology		
	Aggregate Year-to-Date > \$ 1100.00		
Full Name, Mailing Address, and ZIP Code Peter Hill 1733 Swann St. NW Washington DC 20009-5536 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 200.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Ms. Connie Claybaker 15 Tumberry Lane Dearborn MI 48120-1167 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Case Western Reserve University	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Administrator		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. John J. Nugent 38 Tennis Club Dr. Rancho Mirage CA 92270-2572 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Blue Cross and Blue Shield of Michigan	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Health Insurance Executive		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Cliff Comette, MD 3509 Cragmont Ave Dallas TX 75205-4309 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Collin County Mental Health/Retardatio	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Physician-Psychiatrist		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code John Read Payne EP8 #A1403 P.O. Box 02-5256 Miami FL 33102-5256 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-Employed	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 300.00
	Occupation Commercial Realtor		
	Aggregate Year-to-Date > \$ 1200.00		

SUBTOTALS of Receipts This Page (Optional)

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SCHEDULE A		ITEMIZED RECEIPTS		10 / 33
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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) Human Rights Campaign PAC				
Full Name, Mailing Address, and ZIP Code Mr. Michael R. Hodgson 3320 Balspring Lane Raleigh NC 27612-4138 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Medline Industries, Inc. Occupation VP, Sales and Marketing Aggregate Year-to-Date > \$ 1125.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 125.00	
Full Name, Mailing Address, and ZIP Code Mr. Elbert H. Parsons, Jr. PO Box 534 Huntsville AL 35804-0534 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Parsons & Eberhardt Occupation Lawyer Aggregate Year-to-Date > \$ 1200.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Dr. Berl L. Cheuveaux, MD 6215 E. University Boulevard Dallas TX 75214-2139 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self-employed Occupation ER physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Dr. Soren Ryberg 3710 Vincent Ave. S Minneapolis MN 55410-1120 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Noran Neurological Clinic Occupation Physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Matthew A. Warmuth 13907 Montfort Dr Apt 1323 Dallas TX 75240-7354 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Industry Consulting Group Occupation Tax Consultant Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code David J. Wilshire 5248 N Clark Street Chicago IL 60640-2102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self-employed Occupation retail Aggregate Year-to-Date > \$ 1100.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Ms. Trisha Prey 2648 N. Wayne Avenue Chicago IL 60614-1222 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Unimslon Network Occupation Midwest Sales Manager Aggregate Year-to-Date > \$ 1400.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 200.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	11 / 33
					FOR LINE NUMBER 11A1
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) Human Rights Campaign PAC					
Full Name, Mailing Address, and ZIP Code Mr. Terence W. Perrod 362 W Hubbard Ave Columbus OH 43215-1344		Name of Employer Occupation		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Dr. Mark A. Pence 612 E. Illinois Street Wheaton IL 60187-1901		Name of Employer AlphaBet Soup Productions, Inc. Occupation Theater Producer		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Rick Groger 1860 Adair Avenue N. Golden Valley MN 55422-3917		Name of Employer State of Minnesota Occupation Collections Supervisor		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Lee Rubin 4726 Unnean Avenue, NW Washington DC 20008-2121		Name of Employer Questel Orbit, Inc. Occupation Marketing		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Thomas M. Tunney 929 W. Belmont Avenue Chicago IL 60657-4406		Name of Employer self-employed Occupation Restaurant Owner		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Douglas W. Sutherland 3 Chestnut Court Basking Ridge NJ 07920-3100		Name of Employer The Chubb Corp. Occupation Stock Plan Administration		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1100.00			
Full Name, Mailing Address, and ZIP Code Ms. Susan McCosker 7979 Riverside Drive Dublin OH 43016-8234		Name of Employer RiverView Center for Orthopedic Rehab Occupation Physical Therapist		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1500.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		12 / 33
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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) Human Rights Campaign PAC				
Full Name, Mailing Address, and ZIP Code Mr. Larry B. Pease 4108 Tombera Way Dallas TX 75220-5050 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Carbiner Communications Occupation Incentive Sales Aggregate Year-to-Date > \$ 1200.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 300.00	
Full Name, Mailing Address, and ZIP Code Mr. Donald C. Pelz 2408 Geddes Avenue Ann Arbor MI 48104-2713 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer University of Michigan Occupation Research Scientist Emeritus Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Peter L. Schofield 2025 Mount Vernon Blvd. Historic Rockefeller District East Cleveland OH 44112-3510 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Consulting Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Donald E. Laufersweiler 1056 Franklin Avenue Columbus OH 43205-1230 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Psychotherapy Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Ms. Margery R. Waterbury 4838 Bryant Avenue S. Minneapolis MN 55409-2359 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Dean Witler Occupation Stock Broker Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Mark A. Phariss 610 Rockhill Drive San Antonio TX 78209-3149 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Matthews and Branscomb Occupation Attorney Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Jesse R. Rea 5841 Timber Ridge Trail Madison WI 53711-5181 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 1200.00	Date (month, day, year) 11/13/2000	Amount of Each Receipt this Period 1200.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		13 / 33
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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) Human Rights Campaign PAC				
Full Name, Mailing Address, and ZIP Code Dr. John Sweet, MD 4930 Pershing Place Saint Louis MO 63108-1202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Psychiatrist Aggregate Year-to-Date > \$ 1250.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 1200.00	
Full Name, Mailing Address, and ZIP Code Mr. John D. Mancuso 330 Meriman Road Alton OH 44305-1500 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Jom System & Software Consulting, INC Occupation Software Consultant Aggregate Year-to-Date > \$ 1100.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Joseph Cantor 1109 Rhode Island Ave NW Washington DC 20005-4414 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Library of Congress Occupation Research Analyst Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Carlos Martinez 1010 University Avenue, # 771 San Diego CA 92103-3398 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Property Management Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Mr. Michael T. Harper 4706 Balcones Drive Austin TX 78731-5307 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer US Army Occupation Physician Aggregate Year-to-Date > \$ 1250.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 125.00	
Full Name, Mailing Address, and ZIP Code Mr. Frank S. Becker 175 E. Delaware Place, # 7009 Chicago IL 60611-7735 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Northwestern University Occupation Physician Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Ms. Sharon A. Pfeiffer 377 Pandryn Hill Curve Woodbury MN 55125-7708 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Norwest Bank Minnesota, NA Occupation Banker Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
SUBTOTALS of Receipts This Page (Optional)				
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SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	14 / 33
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NAME OF COMMITTEE (In Full)
Human Rights Campaign PAC

Full Name, Mailing Address, and ZIP Code Kirk Fordham 3517 S Street, NW Washington DC 20007-2243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer U.S. House of Representatives Date (month, day, year) 11/20/2000 Amount of Each Receipt this Period 50.00
	Occupation Chief of Staff Aggregate Year-to-Date > \$ 500.00
Full Name, Mailing Address, and ZIP Code Ms. Sherril A. Okham 1 Orsinger Brook San Antonio TX 78230 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer USAA Date (month, day, year) 11/20/2000 Amount of Each Receipt this Period 100.00
	Occupation Financial Business Consultant Aggregate Year-to-Date > \$ 1000.00
Full Name, Mailing Address, and ZIP Code Edward E. Ishmael, Jr. 3500 Oak Lawn Ave, Ste 160 Dallas TX 75219-4383 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Millennium Title Date (month, day, year) 11/20/2000 Amount of Each Receipt this Period 100.00
	Occupation Worker Aggregate Year-to-Date > \$ 1000.00
Full Name, Mailing Address, and ZIP Code Mr. Marshall Kirk McKusick 1816 Oxford Street Berkeley CA 94709-1608 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Date (month, day, year) 11/20/2000 Amount of Each Receipt this Period 100.00
	Occupation Computer Specialist Aggregate Year-to-Date > \$ 400.00
Full Name, Mailing Address, and ZIP Code Mr. Thomas Chaderjian 4427 N. Sacramento Avenue Chicago IL 60825-3827 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Printing Arts Chicago Date (month, day, year) 11/20/2000 Amount of Each Receipt this Period 100.00
	Occupation Account Representative Aggregate Year-to-Date > \$ 400.00
Full Name, Mailing Address, and ZIP Code Mr. Rick Mallett 60 Beverly Road, NE Atlanta GA 30309-2848 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Deloitte & Touche Consulting Date (month, day, year) 11/20/2000 Amount of Each Receipt this Period 100.00
	Occupation Consultant Aggregate Year-to-Date > \$ 400.00
Full Name, Mailing Address, and ZIP Code Mr. David M. Smith 211 14th Street NE Washington DC 20002-6405 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer HRC Date (month, day, year) 11/20/2000 Amount of Each Receipt this Period 100.00
	Occupation Communications Director Aggregate Year-to-Date > \$ 400.00
SUBTOTALS of Receipts This Page (Optional)	
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SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	15 / 33
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NAME OF COMMITTEE (In Full) Human Rights Campaign PAC					
Full Name, Mailing Address, and ZIP Code Mr. Bob V. Wittek 1814 N. Johnson Street Arlington VA 22207-3741		Name of Employer Gray and Co. Occupation Lobbyist		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Alessandro Ghidini 6225 Lakeview Drive Falls Church VA 22041-1338		Name of Employer Georgetown University Occupation Physician		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Dr. Carole Ann Boyd 4114 Crossing Lane Dallas TX 75220-5036		Name of Employer Self Occupation Dentist		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1500.00			
Full Name, Mailing Address, and ZIP Code Mr. Mark E. Lopez 2805 Belmont Boulevard Nashville TN 37212-5805		Name of Employer DuPont Occupation Engineer		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Howard Bard 1726 21st Street, NW Washington DC 20009-1102		Name of Employer Fader & Sarno PC Occupation Attorney		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code Ms. Kristen L. Winemiller 615 SW Moss Portland OR 97219-4477		Name of Employer Tennyson, Winemiller, & Laralee Occupation Lawyer		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Steve Parks 900 Glanneyra Street Laguna Beach CA 92651-2707		Name of Employer Self-employed Occupation Steve Parks, Inc.		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 1000.00			
SUBTOTALS of Receipts This Page (Optional)					
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SCHEDULE A		ITEMIZED RECEIPTS		16 / 33
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Human Rights Campaign PAC				
Full Name, Mailing Address, and ZIP Code Mr. Mark Mark Donahue 818 Creek Crossing Trail Stony Creek NC 27377-9250 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Replacements, Ltd. Occupation Media Coordinator Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. A. J. Piebrantone, Jr. 250 W. 22nd Street, Apt. 3B New York NY 10011-2728 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Environmental Defense Fund Occupation Director of Finance Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. James B. Rasor 718 SW Street Royal Oak MI 48067 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Rasor Law Firm Occupation Lawyer/Owner Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. George Escoffe 14937 Camros Ct Fontana CA 92336-0699 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Mr. Robert Johnson 30 Weuca Trace Atlanta GA 30342-3855 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Suparb Properties Inc. Occupation Vice President Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Ms. Patricia A. Coggins 375 Wimbledon Road NE Atlanta GA 30324-4822 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Novelist Occupation VP Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Daniel Avchen 110 N. 3rd Street, 5th Floor Minneapolis MN 55401-1652 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

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		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Human Rights Campaign PAC				
Full Name, Mailing Address, and ZIP Code Mr. Laurence D. Fechter 512 NW 41st Street Oklahoma City OK 73118-7026 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer University of Oklahoma, HLTH. SCI. CTR Occupation Professor Aggregate Year-to-Date > \$ 1200.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 300.00	
Full Name, Mailing Address, and ZIP Code David Mizener 14884 Victory Boulevard Van Nuys CA 91411-1821 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Contractors Career Center- s, Inc. Occupation President, CEO Aggregate Year-to-Date > \$ 2200.00	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Ms. Patricia C. Field 2123 Franklin Street, #1 San Francisco CA 94109-2911 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Volunteer Occupation Volunteer Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. David Adams 5818 Latona Avenue NE # 4 Seattle WA 98105-2723 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Total Living Choices Occupation Contact Product Manager Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Ms. Esther Ann Jackson 4044 Clifford Brighton MI 48116-9719 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Tax Pro LLC Occupation Tax Preparer Aggregate Year-to-Date > \$ 700.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Ms. Susan Gorman 525 Crafts Street Newton MA 02465-1702 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Systems Engineering, Inc. Occupation Chief Financial Officer Aggregate Year-to-Date > \$ 800.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Daniel Meloy 1238 Monroe St NE Washington DC 20017-2508 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	18 / 33
					FOR LINE NUMBER 11A1
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) Human Rights Campaign PAC					
Full Name, Mailing Address, and ZIP Code Mrs. Janet K. Byles 69 Kendal Drive Oberlin OH 44074-1803		Name of Employer Occupation Retired		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code Ms. Cathy Nelson 225 10th Street SE Washington DC 20005-2118		Name of Employer Human Rights Campaign Occupation Development Director		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code Mr. Scott Barretto 6432 Westlake Avenue Dallas TX 75214-3437		Name of Employer Giantbear.com, Inc. Occupation VP		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 800.00			
Full Name, Mailing Address, and ZIP Code Dr. Margarethe Cammermeyer 4832 S. Tompkins Road Langley WA 98260-9695		Name of Employer Retired Occupation Retired		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code Mr. Neil Blackwell SBC Telcom S.A. P.O. Box 2930 San Antonio TX 78299-2930		Name of Employer Occupation		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code Dr. David F. Bode 2369 Kenilworth Avenue Los Angeles CA 90039-3041		Name of Employer LaVida Medical Group Occupation Physician		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code Ms. Margaret Conway 7421 Maple Avenue Takoma Park MD 20912-4304		Name of Employer Human Rights Campaign Occupation Managing Director		Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 400.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	19 / 33
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Human Rights Campaign PAC

Full Name, Mailing Address, and ZIP Code Mr. Mike Blirer 5735 Mercedes Ave Dallas TX 75206-5905 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Attorney		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Ms. Natalie Maiden 9108 Bradford Road Silver Spring MD 20901-4918 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Human Rights Campaign	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Board Liaison		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Ms. Helen Boyne 1412 Fairmount Avenue St. Paul MN 55105-2303 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer target.direct	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Director of Distribution		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Mr. Brett Barrett PO Box 48820 Los Angeles CA 90046-0820 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Real Estate Development		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Mr. John Brown 1207 Waverly Walkway Philadelphia PA 19147 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Realtor		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Mr. Dennis Senovich 5104 E. Wagoner Road Scottsdale AZ 85254-7554 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer PEPSICO	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Manager		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Ms. Tracy E. Carnes 1746 Walnut Lane Rocky River OH 44116-2309 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Insurance Agent		
	Aggregate Year-to-Date > \$ 400.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	20 / 33
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Human Rights Campaign PAC

Full Name, Mailing Address, and ZIP Code Mrs. Angela M. E. Courtin 5755 Lahoma Avenue Van Nuys CA 91411-3238	Name of Employer SCLA	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Production Coordinator		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Mr. Joe Boyd 2420 Forrest Club Drive Orlando FL 32804-8031	Name of Employer Self-Employed	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Executive VP, Sales		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Donald Combs 56 Fox Street Denver CO 80223-1520	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 700.00		
Full Name, Mailing Address, and ZIP Code Bo Willsey 1711 Knox Ave. South Minneapolis MN 55403-2834	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Ms. Donna Inksler 215 W. Benson Street Decatur GA 30030-4311	Name of Employer Emory University Hospital	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Supervisor		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Mr. Don Stratton 435 Seaview Street Laguna Beach CA 92651-2509	Name of Employer Coldwell Banker	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Sales		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Ms. Mary Ellen Solomon-Auger 29 Mary's Lane Scituate MA 02066-2114	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 300.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 600.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	21 / 33
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NAME OF COMMITTEE (In Full)
Human Rights Campaign PAC

Full Name, Mailing Address, and ZIP Code Mr. Steven P. Schmidt 44 Orchard Road Akron OH 44313-7618 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/10/2000	Amount of Each Receipt this Period 150.00
	Occupation		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Mr. Frederick M. Bohan 75 Horatio Street, Apt. 1-A New York NY 10014-1518 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired	Date (month, day, year) 11/07/2000	Amount of Each Receipt this Period 250.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mr. David Tekler 825 Michigan Avenue Evanston IL 60202-4404 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/17/2000	Amount of Each Receipt this Period 200.00
	Occupation		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Mr. Perry A. Sloan 1705 Downingtown Avenue Salt Lake City UT 84108-2800 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/10/2000	Amount of Each Receipt this Period 250.00
	Occupation		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. Chris Piley 729 S. Acadian Thruway Baton Rouge LA 70806-5840 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 1200.00
	Occupation		
	Aggregate Year-to-Date > \$ 1200.00		
Full Name, Mailing Address, and ZIP Code Mr. Craig R. Anderson 380 W. 12th Street Apt. 7C New York NY 10014 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 300.00
	Occupation		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Ms. Roseland Edwards 4650 Mervin St Houston TX 77027-6718 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Dean Wittler	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 1200.00
	Occupation stock broker		
	Aggregate Year-to-Date > \$ 1200.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	22 / 33
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Human Rights Campaign PAC

Full Name, Mailing Address, and ZIP Code Mr. John M. Kol 1424 N. Crescent Heights Blvd. #79 West Hollywood CA 90046	Name of Employer Self-Employed	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 1200.00
	Occupation Producer		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1200.00			
Full Name, Mailing Address, and ZIP Code Mr. Paul Hurdle 11139 Atrium Way Matthews NC 28105-1252	Name of Employer	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 250.00
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Mr. Avi S. Rome 5 Appleton Street Boston MA 02116-5239	Name of Employer Rome Cohen Inc.	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 1200.00
	Occupation Real Estate		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1200.00			
Full Name, Mailing Address, and ZIP Code Ms. Catherine Roland 75 14th Street Unit 4820 Atlanta GA 30309	Name of Employer	Date (month, day, year) 11/03/2000	Amount of Each Receipt this Period 2000.00
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 2000.00			
Full Name, Mailing Address, and ZIP Code Mr. Joel A. Gengras 13 Turais Village Farmington CT 06032-1517	Name of Employer	Date (month, day, year) 11/09/2000	Amount of Each Receipt this Period 250.00
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Mr. David Henry Jacobs, Jr. 1219 Olympic Boulevard Santa Monica CA 90404	Name of Employer	Date (month, day, year) 11/10/2000	Amount of Each Receipt this Period 5000.00
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 5000.00			
Full Name, Mailing Address, and ZIP Code Mr. David Ring 16 Vicksburg Street San Francisco CA 94114-3325	Name of Employer	Date (month, day, year) 11/21/2000	Amount of Each Receipt this Period 5000.00
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 5000.00			

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	37166.66

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	23 / 33
			FOR LINE NUMBER 16
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NAME OF COMMITTEE (In Full) Human Rights Campaign PAC			
Full Name, Mailing Address, and ZIP Code Ralph J. Santora, Jr. 1317 F Street, NW, Suite 900 Washington DC 20009	Name of Employer Independent Action	Date (month, day, year) 10/30/2000	Amount of Each Receipt This Period 1250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Director	Aggregate Year-to-Date 5 1250.00	
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			1250.00

SCHEDULE A		ITEMIZED RECEIPTS		24 / 33
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) Human Rights Campaign PAC				
Full Name, Mailing Address, and ZIP Code Crestar 1445 New York Ave., NW Washington DC 20005	Name of Employer Crestar	Date (month, day, year) 10/30/2000	Amount of Each Receipt This Period 1416.50	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation	Aggregate Year-to-Date 5 \$685.81		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				1416.50

SCHEDULE B		ITEMIZED DISBURSEMENTS		26 / 33
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) Human Rights Campaign PAC				
Full Name, Mailing Address, and ZIP Code Representative Tammy Baldwin 706 Radar St. Xenia OH 45395	Purpose of Disbursement In Kind Contribution: Tammy Baldwin (WI-1) (House - 01 - 2) In Kind Contribution: Tammy Baldwin (WI-2-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 400.00	
Full Name, Mailing Address, and ZIP Code Rick Larsen 113 7th St. Wilmington NC 28401	Purpose of Disbursement In Kind Contribution: Rick Larsen (WA-2) (House - 01 - 2) In Kind Contribution: Rick Larsen (WA-2-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 400.00	
Full Name, Mailing Address, and ZIP Code Maryanne Connelly 2411 Louisiana # B20 Lawrence KS 66046	Purpose of Disbursement Contribution: Maryanne Connelly (NJ-7-D) (House - NJ - 7) Contribution: Maryanne Connelly (NJ-7-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 400.00	
Full Name, Mailing Address, and ZIP Code Representative Debbie Stabenow 136 Nob Hill Dr. Ephrata WA 98823	Purpose of Disbursement In Kind Contribution: Debbie Stabenow (MI) (Senate - MI) In Kind Contribution: Debbie Stabenow (MI-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 400.00	
Full Name, Mailing Address, and ZIP Code Representative Joseph Hoefel 3901 Ichabod Circle 124 Arlington TX 76013	Purpose of Disbursement In Kind Contribution: Joseph Hoefel (PA) (House - PA - 13) In Kind Contribution: Joseph Hoefel (PA-13-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 400.00	
Full Name, Mailing Address, and ZIP Code Jon Corzine 1547 West 68th St. Los Angeles CA 90047	Purpose of Disbursement In Kind Contribution: Jon Corzine (NJ-D) (Senate - NJ) In Kind Contribution: Jon Corzine (NJ-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 575.00	
Full Name, Mailing Address, and ZIP Code Maryellen O'Shaunessy 2 Beverly Dr. Holmdel NJ 07733	Purpose of Disbursement In Kind Contribution: Maryellen O'Shaunessy (OH-12-D) (House - OH - 12) In Kind Contribution: Maryellen O'Shaunessy (OH-12-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 400.00	
Full Name, Mailing Address, and ZIP Code Adam Schiff 919 Barbary Ave. Jackson MS 39204	Purpose of Disbursement In Kind Contribution: Adam Schiff (CA-27) (House - CA - 27) In Kind Contribution: Adam Schiff (CA-27-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 400.00	
Full Name, Mailing Address, and ZIP Code Susan Davis 1743 Orchard Dr. South North Mankato MN 56003	Purpose of Disbursement In Kind Contribution: Susan Davis (CA-49) (House - CA - 49) In Kind Contribution: Susan Davis (CA-49-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 11/01/2000	Amount of Each Disbursement This Period 400.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	27 / 33 FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) Human Rights Campaign PAC			
Full Name, Mailing Address, and ZIP Code Ms. Hillary Rodham Clinton 450 Seventh Avenue Suite 804 New York NY 10123	Purpose of Disbursement Contribution: Hillary Rodham Clinton (NY) Contribution: <u>Hillary Rodham Clinton (NY-??-D)</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 10/19/2000	Amount of Each Disbursement This Period 5000.00
Full Name, Mailing Address, and ZIP Code Senator Olympia J. Snowe P.O. Box 2000 Portland ME 04104	Purpose of Disbursement Contribution: Olympia J. Snowe (ME-R) Contribution: <u>Olympia J. Snowe (ME-R)</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 5000.00
Full Name, Mailing Address, and ZIP Code Representative John Elias Baldacci PO Box 623 Bangor ME 04402	Purpose of Disbursement Contribution: John Elias Baldacci (ME-2) Contribution: <u>John Elias Baldacci (ME-2-D)</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Senator Daniel K. Akaka 3125 Kaohinani Drive Honolulu HI 96817	Purpose of Disbursement Contribution: Daniel K. Akaka (HI-D) Contribution: <u>Daniel K. Akaka (HI-D)</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 4000.00
Full Name, Mailing Address, and ZIP Code Senator Jeff Bingaman 236 Massachusetts Avenue, NE Washington DC 20002	Purpose of Disbursement Contribution: Jeff Bingaman (N-M-D) Contribution: <u>Jeff Bingaman (NM-D)</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 2000.00
Full Name, Mailing Address, and ZIP Code Senator Dianne Feinstein 909 Montgomery Street Ste 102 San Francisco CA 94133	Purpose of Disbursement Contribution: Dianne Feinstein (CA-D) Contribution: <u>Dianne Feinstein (CA-D)</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 4000.00
Full Name, Mailing Address, and ZIP Code Bill Nelson P.O. Box 10962 Tallahassee FL 32302	Purpose of Disbursement Contribution: Bill Nelson (FL-D) Contribution: <u>Bill Nelson (FL-D)</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 5000.00
Full Name, Mailing Address, and ZIP Code Representative Jim Kolbe Post Office Box 31568 Tucson AZ 85751	Purpose of Disbursement Contribution: Jim Kolbe (AZ-S-R) Contribution: <u>Jim Kolbe (AZ-5-R)</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 2500.00
Full Name, Mailing Address, and ZIP Code Representative Julian C. Dixon 1581 Roxbury Drive Los Angeles CA 90035	Purpose of Disbursement Contribution: Julian C. Dixon (CA-32-D) Contribution: <u>Julian C. Dixon (CA-32-D)</u> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER
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**NAME OF COMMITTEE (In Full)
Human Rights Campaign PAC**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Representative Darryl K. Davis 1255 N Austin Blvd Chicago IL 60651	Contribution: Darryl K. Davis (IL-7-D) Contribution: Darryl K. Davis (IL-7-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	10/25/2000	1000.00
Representative Judy Biggert PO Box 637 Hinsdale IL 60522	Contribution: Judy Biggert (IL-13-R) Contribution: Judy Biggert (IL-13-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	10/25/2000	2000.00
Eleanor Jordan 936 Baxter Ave. Louisville KY 40204	Contribution: Eleanor Jordan (KY-3-D) Contribution: Eleanor Jordan (KY-3-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	10/25/2000	300.00
Representative William J. Jefferson 650 Poydras Street Suite 2245 New Orleans LA 70130	Contribution: William J. Jefferson (LA-2) Contribution: William J. Jefferson (LA-2-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	10/25/2000	1000.00
Representative Thomas H. Allen 85 Preble Street PO Box 17786 Portland ME 04112	Contribution: Thomas H. Allen (ME-1-D) Contribution: Thomas H. Allen (ME-1-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	10/25/2000	3500.00
Representative Constance A. Morela 7101 Wisconsin Ave Suite 102 Bethesda MD 20814	Contribution: Constance A. Morela (MD-8) Contribution: Constance A. Morela (MD-8-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	10/25/2000	1500.00
Representative Edward J. Markey PO Box 526 Medford MA 02155	Contribution: Edward J. Markey (MA-7-D) Contribution: Edward J. Markey (MA-7-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	10/25/2000	2000.00
Representative Carolyn Cheeks Kilpatrick 3000 East Grand Blvd Detroit MI 48202	Contribution: Carolyn Cheeks Kilpatrick (MI-15-D) Contribution: Carolyn Cheeks Kilpatrick (MI-15-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	10/25/2000	500.00
Representative David Minge 360 10th Avenue Granite Falls MN 56241	Contribution: David Minge (MN-2-D) Contribution: David Minge (MN-2-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	10/25/2000	500.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		31 / 33
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) Human Rights Campaign PAC				
Full Name, Mailing Address, and ZIP Code Representative Sue W. Kelly P.O.Box 16021 Alexandria VA 22302	Purpose of Disbursement Contribution: Sue W. Kelly (NY-19-R) Contribution: Sue W. Kelly (NY-19-R) Contribution: Sue W. Kelly (NY-19-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 2500.00	
Full Name, Mailing Address, and ZIP Code Representative Benjamin A. Gilman P.O. Box 3001 Middletown NY 10940	Purpose of Disbursement Contribution: Benjamin A. Gilman (NY-20-R) Contribution: Benjamin A. Gilman (NY-20-R) Contribution: Benjamin A. Gilman (NY-20-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 3000.00	
Full Name, Mailing Address, and ZIP Code Representative Sherwood L. Boehlert PO Box C Utica NY 13503	Purpose of Disbursement Contribution: Sherwood L. Boehlert (NY-23-R) Contribution: Sherwood L. Boehlert (NY-23-R) Contribution: Sherwood L. Boehlert (NY-23-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 5000.00	
Full Name, Mailing Address, and ZIP Code Representative Eva McPherson Clayton 307 W Franklin Street Warrenton NC 27589	Purpose of Disbursement Contribution: Eva McPherson Clayton (NC-1-D) Contribution: Eva McPherson Clayton (NC-1-D) Contribution: Eva McPherson Clayton (NC-1-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 1500.00	
Full Name, Mailing Address, and ZIP Code Representative Melvin L. Watt PO Box 36831 Charlotte NC 28236	Purpose of Disbursement Contribution: Melvin L. Watt (NC-12-D) Contribution: Melvin L. Watt (NC-12-D) Contribution: Melvin L. Watt (NC-12-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Ms. Stephanie Tubbs Jones 3729 Silsby Rd. Cleveland OH 44118	Purpose of Disbursement Contribution: Stephanie Tubbs Jones (OH-11-D) Contribution: Stephanie Tubbs Jones (OH-11-D) Contribution: Stephanie Tubbs Jones (OH-11-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Maryellen O'Shaunessy P.O. Box 1653 Columbus OH 43216	Purpose of Disbursement Contribution: Maryellen O'Shaunessy (OH-12-D) Contribution: Maryellen O'Shaunessy (OH-12-D) Contribution: Maryellen O'Shaunessy (OH-12-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Representative Deborah Pryce 145 E Rich Street Columbus OH 43215	Purpose of Disbursement Contribution: Deborah Pryce (OH-15-R) Contribution: Deborah Pryce (OH-15-R) Contribution: Deborah Pryce (OH-15-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 5000.00	
Full Name, Mailing Address, and ZIP Code Representative Robert A. Brady One Logan Square Suite 2929 Philadelphia PA 19103	Purpose of Disbursement Contribution: Robert A. Brady (PA-1-D) Contribution: Robert A. Brady (PA-1-D) Contribution: Robert A. Brady (PA-1-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 10/25/2000	Amount of Each Disbursement This Period 2000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

