

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

FEB 25 10 12 AM '00

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Congressman Waxman Campaign Committee		2. FEC IDENTIFICATION NUMBER 031445
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 8665 Wilshire Blvd., #220		
CITY, STATE and ZIP CODE Beverly Hills, CA 90211	STATE/DISTRICT CA/29	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

### 4. TYPE OF REPORT

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

Twelfth day report preceding Primary (Type of Election)  
election on 03/06/2000 in the State of CA

Thirtieth day report following the General Election on \_\_\_\_\_ In the State of \_\_\_\_\_

This report contains activity for:  Primary Election  General Election  Special Election  Runoff Election

### SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/2000</u> through <u>02/16/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	20,600.00	20,600.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	20,600.00	20,600.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6,692.98	6,692.98
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	6,692.98	6,692.98
8. Cash on Hand at Close of Reporting Period (from Line 27)	316,965.57	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:  
Federal Election Commission  
988 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9580  
Local 202-376-3129

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 <p style="text-align: center;">Mary Ellen Padilla</p>		Date <p style="text-align: center;">02-23-00</p>
Signature of Treasurer 		

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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# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full) Congressman Waxman Campaign Committee	Report Covering the Period: From: 01/01/2000 To: 02/16/2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	
(ii) Unitemized	0.00	0.00
(iii) Total of contributions from individuals	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	20,600.00	20,600.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	20,600.00	20,600.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate	0.00	0.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	609.94	609.94
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	21,209.94	21,209.94
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b>	6,692.98	6,692.98
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	0.00
<b>21. OTHER DISBURSEMENTS</b>	1,000.00	1,000.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	7,692.98	7,692.98
<b>III. CASH SUMMARY</b>		
<b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>	\$	303,448.61
<b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>	\$	21,209.94
<b>25. SUBTOTAL (add Line 23 and Line 24)</b>	\$	324,658.55
<b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>	\$	7,692.98
<b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b>	\$	316,965.57

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**Contributions from Other Political Committees**

Use separate schedule(s) for each category of the Detailed Summary Page (01/01/2000 - 02/16/2000)

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)**

Congressman Waxman Campaign Committee 031445

<p><b>A. Full Name, Mailing Address and ZIP Code</b> AM Fed. of State, County and Municipal Employees-AFL-CIO 1625 L St., NW Washington, DC 20036</p>	<p>Name of Employer  Occupation</p>	<p>Date(month, day, year) 02/16/2000</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ see below</p>		
<p><b>B. Full Name, Mailing Address and ZIP Code</b>  same as above</p>	<p>Name of Employer  Occupation</p>	<p>Date(month, day, year) 02/16/2000</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 7,500.00</p>		
<p><b>C. Full Name, Mailing Address and ZIP Code</b> American Federation of Teachers PAC 555 New Jersey Ave., NW Washington, DC 20001</p>	<p>Name of Employer  Occupation</p>	<p>Date(month, day, year) 02/16/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>		
<p><b>D. Full Name, Mailing Address and ZIP Code</b> American Podiatric Medical Association PAC 9312 Old Georgetown Rd. Bethesda, MD 20814</p>	<p>Name of Employer  Occupation</p>	<p>Date(month, day, year) 02/16/2000</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>		
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Association for the Advancement of Psychology, Inc. PAC P.O. Box 38129 Colorado Springs, CO 80937</p>	<p>Name of Employer  Occupation</p>	<p>Date(month, day, year) 02/11/2000</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 2,000.00</p>		
<p><b>F. Full Name, Mailing Address and ZIP Code</b> CWA COFE PCC 501 3rd St., NW Washington, DC 20001</p>	<p>Name of Employer  Occupation</p>	<p>Date(month, day, year) 02/16/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>		
<p><b>G. Full Name, Mailing Address and ZIP Code</b> NAPRS PAC</p>	<p>Name of Employer  Occupation</p>	<p>Date(month, day, year) 02/16/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>		

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

17,500.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Other Political Committees

Use separate schedule(s) for each category of the Detailed Summary Page (01/01/2000 - 02/15/2000)

PAGE 2 OF 2  
FOR LINE NUMBER 11(c)

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)**

Congressman Waxman Campaign Committee 031445

<p><b>A. Full Name, Mailing Address and ZIP Code</b> NCPA PAC 205 Daingerfield Rd. Alexandria, VA 22314</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date(month, day, year) 02/16/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Pediatricians for Children, Inc. PAC 555 13th St., NW, #12E-208 Washington, DC 20004</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p>	<p>Date(month, day, year) 02/16/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Transportation Political Education League 14600 Detroit Ave. Cleveland, OH 44107</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date(month, day, year) 02/16/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Washington PAC 444 N. Capitol St., NW, #712 Washington, DC 20001</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date(month, day, year) 02/16/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date(month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional)</p>	<p>3,100.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)</p>	<p>20,600.00</p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Other Receipts

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NAME OF COMMITTEE (In Full)

Congressman Waxman Campaign Committee 031445

<b>A. Full Name, Mailing Address and ZIP Code</b> PaineWebber 301 e. Ocean Blvd., #1600 Long Beach, CA 90802-4833	Name of Employer Interest	Date (month, day, year) 01/21/2000	Amount of Each Receipt this Period 221.42
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 221.42		
<b>B. Full Name, Mailing Address and ZIP Code</b> Santa Monica Bank 8901 Santa Monica Blvd. West Hollywood, CA 90069	Name of Employer Interest	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 388.52
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$ 388.52		
<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	609.94
TOTAL This Period (last page this line number only)	609.94

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenses

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(01/01/2000 - 02/15/2000)

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**NAME OF COMMITTEE (in Full)**

Congressman Waxman Campaign Committee 031445

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
David L. Andrukitis, Inc. 50 B Street, S.E. Washington, DC 20003	Mailing Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/16/2000 02/10/2000	703.24 26.44
David Sadkin Consulting 1017 - 21st St., NW Washington, DC 20036	Airfare, Parking Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/16/2000	1,328.24
First USA Bank, NA P.O. Box 15153 Wilmington, DE 19886-5153	Credit Card Payment (See Below) Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/28/2000	2,621.61
American Airlines P.O. Box 650010 Dallas, TX 75265-0010	Airfare Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/28/2000	1,972.50 MEMO
American Airlines P.O. Box 650010 Dallas, TX 75265-0010	Airfare Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/28/2000	259.00 MEMO
Henry A. Waxman 6913 Ayr Lane Bethesda, MD 20817	Office Expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/28/2000	329.00
same as above	Taxi, Parking Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/07/2000	196.53
Padilla & Associates 2665 Wilshire Blvd., #220 Beverly Hills, CA 90211	Accounting Fee Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	01/21/2000	1,000.00
U.S. Postmaster	Postage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/01/2000	400.00

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

6,595.06

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Operating Expenses

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(01/01/2000 - 02/16/2000)

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**NAME OF COMMITTEE (in Full)**

Congressman WAXMAN Campaign Committee 031445

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Unitemized operating expenses (less than \$200) This Period: 01/01/2000 - 02/16/2000	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		97.92
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

97.92

TOTAL This Period (last page this line number only)

6,692.98

**SCHEDULE B**                      **ITEMIZED DISBURSEMENTS**  
**Other Disbursements**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page  
(01/05/2000 - 02/16/2000)

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FOR LINE NUMBER  
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**NAME OF COMMITTEE (in Full)**  
Congressman Waxman Campaign Committee 031445

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Elaine Bloom for Congress 5255 Collins Ave. Miami, FL 33140	FL/22nd <span style="float:right">Pri</span> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	02/08/2000	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>2.25.02</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMD</i> PREPARER	<i>2.25.02</i> DATE PREPARED