

**REPORT OF RECEIPTS AND DISBURSEMENTS
BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT**

RECEIVED
FEC MAIL ROOM

2000 SEP 25 A 11:52

USE FEC MAILING LABEL OR TYPE OR PRINT	1. NAME OR COMMITTEE (in full) PHILLIPS 2000, INC.	2. IDENTIFICATION NUMBER C00349209
	ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 450 Maple Avenue East	3. IS THIS REPORT OF RECEIPTS AND DISBURSEMENTS FOR: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	CITY, STATE, and ZIP CODE Vienna, VA 22180	

4. TYPE OF REPORT (Check here if this is a Termination Report.)

(a) "X" appropriate box and complete, if applicable.

- April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report

Monthly Report Due on:

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

Twelfth day report preceding _____ (Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____

(b) Is this Report an Amendment? Yes No

5. COVERING PERIOD FROM 8/1/00 THROUGH 8/31/00

SUMMARY	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	8,819.26
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	32,922.01
	8. SUBTOTAL (Lines 6 and 7)	41,741.27
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	35,699.59
	10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8)	6,041.68
	11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	18,000.00
	12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	58,170.00
	13. EXPENDITURES SUBJECT TO LIMITATION	0
	NET YEAR-TO-DATE CONTRIBUTIONS AND EXPENDITURES	
	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	121,984.64
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	121,362.68

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 Brenda Gant, Assistant Treasurer	
SIGNATURE OF TREASURER <i>Brenda Gant</i>	DATE 9/20/00

For further information, contact:
Federal Election Commission
998 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530
Local 202-694-1100

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. § 437g.
All previous versions of FEC FORM 3P are obsolete and should no longer be used.

FEC FORM 3P, Page 1 (5/85)

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

(Page 2, FEC FORM 3P)

NAME OF COMMITTEE (in Full)	REPORT COVERING THE PERIOD		
PHILLIPS 2000, INC.	From: 8/1/00	Through: 8/31/00	
	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
I. RECEIPTS			
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0	0	18
17. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees	25,292.01	112,671.64	17(a)
(b) Political Party Committees	1,500.00	6,560.00	17(b)
(c) Other Political Committees			17(c)
(d) The Candidate	2,130.00	2,953.00	17(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	28,922.01	122,584.64	17(e)
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0	18
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	4,000.00	15,070.00	19(a)
(b) Other Loans			19(b)
(c) TOTAL LOANS (Add 19(a) and 19(b))	4,000.00	15,070.00	19(c)
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):			
(a) Operating			20(a)
(b) Fundraising		604.00	20(b)
(c) Legal and Accounting			20(c)
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0	604.00	20(d)
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0	4,795.00	21
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	32,922.01	143,053.64	22
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	35,053.34	121,362.68	23
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0	24
25. FUNDRAISING DISBURSEMENTS	646.25	12,670.73	25
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	0	0	26
27. LOAN REPAYMENTS MADE:			
(a) Repayments of Loans made or Guaranteed by Candidate			27(a)
(b) Other Repayments			27(b)
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0	0	27(c)
28. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees		600.00	28(a)
(b) Political Party Committees			28(b)
(c) Other Political Committees			28(c)
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0	600.00	28(d)
29. OTHER DISBURSEMENTS	0	3,795.00	29
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	35,699.59	138,428.41	30
III. CONTRIBUTED ITEMS (Stock, Art Objects, Etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0	0	31

LOANS

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

NAME OF LOAN SOURCE (OR RECIPIENT) U.S. Taxpayers Party of Michigan		ORIGINAL AMOUNT OF LOAN 10,000.00	CUMULATIVE PAYMENT TO DATE 1,000.00	BALANCE OUTSTANDING 9,000.00
ADDRESS (Number and Street) 600 South Dowling				
CITY, STATE, ZIP CODE Westland, MI 48186		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
TERMS	DATE INCURRED 10/12/99	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	LIST ALL ENDORSERS OR GUARANTORS (if any) None			
* NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
* NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
* NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

NAME OF LOAN SOURCE (OR RECIPIENT) U.S. Taxpayers Party of Michigan		ORIGINAL AMOUNT OF LOAN 5,000.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 5,000.00
ADDRESS (Number and Street) 600 South Dowling				
CITY, STATE, ZIP CODE Westland, MI 48186		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
TERMS	DATE INCURRED 10/18/99	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	LIST ALL ENDORSERS OR GUARANTORS (if any) None			
* NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
* NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
* NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

Carry outstanding balance only to Line 3, Schedule D-R, for this line. If no Schedule D-P, carry forward to appropriate line of Summary.	ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
SUBTOTALS THIS PERIOD THIS PAGE (optional)	15,000.00	1,000.00	14,000.00
TOTALS THIS PERIOD (last page in this line only)			

LOANS

Use separate schedule(s) for each category of the detailed summary page

PAGE 2	OF total pages 2
LINE NUMBER 11	

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

NAME OF LOAN SOURCE (OR RECIPIENT) U.S. Taxpayers Party of Michigan		ORIGINAL AMOUNT OF LOAN 4,000.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 4,000.00
ADDRESS (Number and Street) 600 South Dowling				
CITY, STATE, ZIP CODE Westland, MI 48186		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
TERMS	DATE INCURRED 10/22/99	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	LIST ALL ENDORSERS OR GUARANTORS (if any) None			
NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

NAME OF LOAN SOURCE (OR RECIPIENT)		ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
ADDRESS (Number and Street)				
CITY, STATE, ZIP CODE		TYPE OF ELECTION <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
TERMS	DATE INCURRED	DATE DUE	INTEREST RATE (% APR)	SECURED <input type="checkbox"/> Yes <input type="checkbox"/> No
	LIST ALL ENDORSERS OR GUARANTORS (if any)			
NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

Carry outstanding balance only to Line 3, Schedule D-P for this line. If no Schedule D-P, carry forward to appropriate line of Summary.	ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
SUBTOTALS THIS PERIOD THIS PAGE (optional).....	4,000.00	0	4,000.00
TOTALS THIS PERIOD (last page in this line only).....	19,000.00	1,000.00	18,000.00

LOANS

Use separate schedule(s) for each category of the detailed summary page	PAGE 1	OF (total pages) 7
	LINE NUMBER 12	

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 10,000.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 10,000.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Other (specify) <input type="checkbox"/>
TERMS	DATE INCURRED 10/5/99	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
LIST ALL ENDORSERS OR GUARANTORS (if any) None				
NAME		ADDRESS (Number and Street)		CITY, STATE, ZIP CODE
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING
NAME		ADDRESS (Number and Street)		CITY, STATE, ZIP CODE
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING
NAME		ADDRESS (Number and Street)		CITY, STATE, ZIP CODE
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 7,500.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 7,500.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Other (specify) <input type="checkbox"/>
TERMS	DATE INCURRED 10/18/99	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
LIST ALL ENDORSERS OR GUARANTORS (if any) None				
NAME		ADDRESS (Number and Street)		CITY, STATE, ZIP CODE
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING
NAME		ADDRESS (Number and Street)		CITY, STATE, ZIP CODE
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING
NAME		ADDRESS (Number and Street)		CITY, STATE, ZIP CODE
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary.	ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
SUBTOTALS THIS PERIOD THIS PAGE (optional)	17,500.00	0	17,500.00
TOTALS THIS PERIOD (last page in this line only)			

LOANS

Use separate schedule(s) for each category of the detailed summary page	PAGE 2	OF (total pages) 7
	LINE NUMBER 12	

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 3,000.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 3,000.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Other (specify) <input type="checkbox"/>
TERMS	DATE INCURRED 10/22/99	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	LIST ALL ENDORSERS OR GUARANTORS (if any) None			
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 3,100.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 3,100.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Other (specify) <input type="checkbox"/>
TERMS	DATE INCURRED 12/3/99	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	LIST ALL ENDORSERS OR GUARANTORS (if any) None			
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary.	ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
SUBTOTALS THIS PERIOD THIS PAGE (optional)	6,100.00	0	6,100.00
TOTALS THIS PERIOD (last page in this line only)			

LOANS

Use separate schedule(s) for each category of the detailed summary page	PAGE 3	OF (total pages) 7
	LINE NUMBER 12	

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 5,000.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 5,000.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
TERMS	DATE INCURRED 12/7/99	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
LIST ALL ENDORSERS OR GUARANTORS (if any) None				
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
■ NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 2,500.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 2,500.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		
TERMS	DATE INCURRED 12/16/99	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
LIST ALL ENDORSERS OR GUARANTORS (if any) None				
■ NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary.	ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
SUBTOTALS THIS PERIOD THIS PAGE (optional)	7,500.00	0	7,500.00
TOTALS THIS PERIOD (last page in this line only)			

LOANS

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 12,000.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 12,000.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Other (specify) <input type="checkbox"/>
TERMS	DATE INCURRED 12/23/99	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	LIST ALL ENDORSERS OR GUARANTORS (if any) None			
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 1,870.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 1,870.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Other (specify) <input type="checkbox"/>
TERMS	DATE INCURRED 1/18/00	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	LIST ALL ENDORSERS OR GUARANTORS (if any) None			
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary.	ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
SUBTOTALS THIS PERIOD THIS PAGE (optional)	13,870.00	0	13,870.00
TOTALS THIS PERIOD (last page in this line only)			

LOANS

Use separate schedule(s) for each category of the detailed summary page	PAGE 5	OF (total pages) 7
	LINE NUMBER 12	

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 2,000.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 2,000.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Other (specify) <input type="checkbox"/>
TERMS	DATE INCURRED 1/20/00	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	LIST ALL ENDORSERS OR GUARANTORS (if any) None			
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 1,000.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 1,000.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Other (specify) <input type="checkbox"/>
TERMS	DATE INCURRED 1/20/00	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	LIST ALL ENDORSERS OR GUARANTORS (if any) None			
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	
● NAME		ADDRESS (Number and Street)	CITY, STATE, ZIP CODE	
NAME OF EMPLOYER		OCCUPATION	AMT. OUTSTANDING	

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary.	ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
SUBTOTALS THIS PERIOD THIS PAGE (optional)	3,000.00	0	3,000.00
TOTALS THIS PERIOD (last page in this line only)			

LOANS

Use separate schedule(s) for each category of the detailed summary page	PAGE 6	OF (total pages) 7
	LINE NUMBER 12	

NAME OF COMMITTEE (if any)
PHILLIPS 2000, INC.

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 3,200.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 3,200.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Other (specify) <input type="checkbox"/>
TERMS	DATE INCURRED 2/1/00	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

LIST ALL ENDORSERS OR GUARANTORS (if any) **None**

NAME	ADDRESS (Number and Street)	CITY, STATE, ZIP CODE
NAME OF EMPLOYER	OCCUPATION	AMT. OUTSTANDING
NAME	ADDRESS (Number and Street)	CITY, STATE, ZIP CODE
NAME OF EMPLOYER	OCCUPATION	AMT. OUTSTANDING
NAME	ADDRESS (Number and Street)	CITY, STATE, ZIP CODE
NAME OF EMPLOYER	OCCUPATION	AMT. OUTSTANDING

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 1,000.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 1,000.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Other (specify) <input type="checkbox"/>
TERMS	DATE INCURRED 2/7/00	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

LIST ALL ENDORSERS OR GUARANTORS (if any) **None**

NAME	ADDRESS (Number and Street)	CITY, STATE, ZIP CODE
NAME OF EMPLOYER	OCCUPATION	AMT. OUTSTANDING
NAME	ADDRESS (Number and Street)	CITY, STATE, ZIP CODE
NAME OF EMPLOYER	OCCUPATION	AMT. OUTSTANDING
NAME	ADDRESS (Number and Street)	CITY, STATE, ZIP CODE
NAME OF EMPLOYER	OCCUPATION	AMT. OUTSTANDING

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary.	ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
SUBTOTALS THIS PERIOD THIS PAGE (optional)	4,200.00	0	4,200.00
TOTALS THIS PERIOD (last page in this line only)			

LOANS

Use separate schedule(s) for each category of the detailed summary page	PAGE 7	OF (total pages) 7
	LINE NUMBER 12	

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 2,000.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 2,000.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Other (specify) <input type="checkbox"/>
TERMS	DATE INCURRED 2/10/00	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
LIST ALL ENDORSERS OR GUARANTORS (if any) None				
● NAME		ADDRESS (Number and Street)		CITY, STATE, ZIP CODE
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING
● NAME		ADDRESS (Number and Street)		CITY, STATE, ZIP CODE
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING
● NAME		ADDRESS (Number and Street)		CITY, STATE, ZIP CODE
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING

NAME OF LOAN SOURCE (OR RECIPIENT) Howard Phillips (personal funds)		ORIGINAL AMOUNT OF LOAN 4,000.00	CUMULATIVE PAYMENT TO DATE 0	BALANCE OUTSTANDING 4,000.00
ADDRESS (Number and Street) 450 Maple Avenue East				
CITY, STATE, ZIP CODE Vienna, VA 22180		TYPE OF ELECTION <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Other (specify) <input type="checkbox"/>
TERMS	DATE INCURRED 8/29/00	DATE DUE None	INTEREST RATE (% APR) 0%	SECURED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
LIST ALL ENDORSERS OR GUARANTORS (if any) None				
● NAME		ADDRESS (Number and Street)		CITY, STATE, ZIP CODE
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING
● NAME		ADDRESS (Number and Street)		CITY, STATE, ZIP CODE
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING
● NAME		ADDRESS (Number and Street)		CITY, STATE, ZIP CODE
NAME OF EMPLOYER		OCCUPATION		AMT. OUTSTANDING

Carry outstanding balance only to Line 3, Schedule D-P, for this line. If no Schedule D-P, carry forward to appropriate line of Summary.	ORIGINAL AMOUNT OF LOAN	CUMULATIVE PAYMENT TO DATE	BALANCE OUTSTANDING
SUBTOTALS THIS PERIOD THIS PAGE (optional)	6,000.00	0	6,000.00
TOTALS THIS PERIOD (last page in this line only)	58,170.00	0	58,170.00

ITEMIZED RECEIPTS

Use separate
 schedule(s) for
 each category of
 the detailed
 summary page

PAGE 1	OF (total pages) 4
LINE NUMBER 17(a)	

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

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, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
Debra A. Rainhardt 1280 Coyote Valley Road Salida, CO 81201	HOUSEWIFE AGGREGATE YEAR-TO-DATE \$250.00	5/15/00 (orig. reported in June)	\$250 MEMO
J. Curtis Frazier II 6632 E. Turner Springs Drive Springfield, MO 65809	PHYSICIAN AGGREGATE YEAR-TO-DATE \$500.00	8/1/00	\$500.00
John M. Pafford 1016 West Park Drive Midland, MI 48640	PROFESSOR AGGREGATE YEAR-TO-DATE \$250.00	8/2/00	\$250.00
Russell Reinhardt 1280 Coyote Valley Road Salida, CO 81201	WRITER AGGREGATE YEAR-TO-DATE \$500.00	8/2/00	\$500.00
John A. Stoiberg 905 SW. Anthony Lane Florissant, MO 63033	INFORMATION REQUESTED AGGREGATE YEAR-TO-DATE \$1,000.00	8/2/00	\$1,000.00
Gerald C. Nordskog 2716 Sailer Ventura, CA 93001	POWERBOAT MAGAZINE PUBLISHER AGGREGATE YEAR-TO-DATE \$700.00	8/3/00	\$250.00
Julie Lauer-Leonardi 7831 Park Lane Dallas, TX 75225	RETIRED AGGREGATE YEAR-TO-DATE \$1,000.00	5/15/00 (orig. reported in June) 8/4/00 REDESIGNATED	\$1,030 MEMO \$1,030 MEMO
B. R. Grimaldi P.O. Box 6040 Miramar Beach, FL 32550	INFORMATION REQUESTED AGGREGATE YEAR-TO-DATE \$400.00	8/4/00	\$100.00
SUBTOTAL OF RECEIPTS THIS PAGE			\$2,600.00
TOTAL THIS PERIOD (last page this line number only)			

ITEMIZED RECEIPTS

Use separate
schedule(s) for
each category of
the detailed
summary page

PAGE	2	OF (total pages)	4
LINE NUMBER		17(a)	

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

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NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
Roseanna P. Gevelinger P.O. Box 52 Powers Lake, ND 58773	Retired AGGREGATE YEAR-TO-DATE \$150.00	5/15/00 (orig. reported in June) 8/4/00 (orig. REDESIGNATED in June)	\$150 MEMO \$150 MEMO
Thomas M. Sullivan 22809 E. Country Vista Drive, #256 Liberty Lake, WA 99019	Getronics Software engineer AGGREGATE YEAR-TO-DATE \$500.00	8/9/00	\$500.00
Jesse G. Grier 92 Dalcrest Lane Gilbertville, KY 42044	Retired AGGREGATE YEAR-TO-DATE \$1,000.00	8/11/00	\$1,000.00
Ellen J. Van Buskirk 430 Adelaide Drive Santa Monica, CA 90402	Retired AGGREGATE YEAR-TO-DATE \$1,000.00	6/2/00 (orig. reported in July) 8/15/00 REDESIGNATED	\$1,000 MEMO \$1,000 MEMO
Roseanna P. Gevelinger P.O. Box 52 Powers Lake, ND 58773	Retired AGGREGATE YEAR-TO-DATE \$2,000.00	8/15/00 (RESIGNATION REQUESTED)	\$1,000.00
Kenneth D. Olson 4616 Sherwood NE Albuquerque, NM 87109	Information requested AGGREGATE YEAR-TO-DATE \$300.00	8/15/00	\$100.00
David J. McElhiney 39 Whispering Oaks Drive Washington, MO 63090	Vattoroit College Instructor AGGREGATE YEAR-TO-DATE \$500.00	8/15/00	\$500.00
James H. Venier 7344 West 900 South Edinburgh, IN 46124	Southeast Anesthesiologists, Inc. Physician AGGREGATE YEAR-TO-DATE \$500.00	8/15/00	\$500.00

SUBTOTAL OF RECEIPTS THIS PAGE	\$3,600.00
TOTAL THIS PERIOD (last page this line number only)	

ITEMIZED RECEIPTS

Use separate
 schedule(s) for
 each category of
 the detailed
 summary page

PAGE
 3

OF (total pages)
 4

LINE NUMBER

17(a)

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

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DATE (MONTH, DAY, YEAR)
 AMOUNT OF EACH RECEIPT THIS PERIOD

NAME, ADDRESS, CITY, STATE, ZIP CODE David P. Swain 632 Lariat Drive Incline Village, NV 89451	NAME OF EMPLOYER Information requested OCCUPATION AGGREGATE YEAR-TO-DATE \$2,500.00	RECEIPT FOR (specify other) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	8/15/00 (REDESIGNATION REQUESTED)	\$2,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE A. M. Crowell, Jr. 4141 Bayshore Blvd., #304 Tampa, FL 33611	NAME OF EMPLOYER Information requested OCCUPATION AGGREGATE YEAR-TO-DATE \$250.00	RECEIPT FOR (specify other) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	8/21/00	\$250.00
NAME, ADDRESS, CITY, STATE, ZIP CODE William H. Ball, Jr. 5225 Nob Lane Indianapolis, IN 46226	NAME OF EMPLOYER Information requested OCCUPATION AGGREGATE YEAR-TO-DATE \$1,000.00	RECEIPT FOR (specify other) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	8/28/00	\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Linda McWilliams 7747 Royal Sydney Drive Gainesville, VA 20155	NAME OF EMPLOYER Information requested OCCUPATION AGGREGATE YEAR-TO-DATE \$500.00	RECEIPT FOR (specify other) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	8/28/00	\$500.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Charles L. Neill 170 E. Griffith Street Suite 174B Jackson, MS 39201	NAME OF EMPLOYER Information requested OCCUPATION Physician AGGREGATE YEAR-TO-DATE \$500.00	RECEIPT FOR (specify other) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	8/31/00	\$500.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Mrs. Stewart H. Welch, Jr. 2700 Lockerbie Court Birmingham, AL 35233	NAME OF EMPLOYER Information requested OCCUPATION AGGREGATE YEAR-TO-DATE \$1,000.00	RECEIPT FOR (specify other) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	8/31/00	\$1,000.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Mary C. Rohe P.O. Box 109 Hunt, TX 78024	NAME OF EMPLOYER Information requested OCCUPATION Retired AGGREGATE YEAR-TO-DATE \$250.00	RECEIPT FOR (specify other) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	8/31/00	\$250.00
NAME, ADDRESS, CITY, STATE, ZIP CODE David H. Kellogg 3108 N. Nelson Street Arlington, VA 22207	NAME OF EMPLOYER Solars, Inc. OCCUPATION Engineer AGGREGATE YEAR-TO-DATE \$350.00	RECEIPT FOR (specify other) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	8/31/00	\$250.00

SUBTOTAL OF RECEIPTS THIS PAGE \$5,750.00

TOTAL THIS PERIOD (last page this line number only).....

ITEMIZED RECEIPTS

Use separate
 schedule(s) for
 each category of
 the detailed
 summary page

PAGE 4	OF (total pages) 4
LINE NUMBER 17(a)	

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

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NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER Information requested	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
Clarence Jaeger 2418 River Oaks Drive Murfreesboro, TN 37129	OCCUPATION AGGREGATE YEAR-TO-DATE \$250.00 RECEIPT FOR (specify other) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	8/31/00	\$250.00
Nell C. Keim 226-8 Selby Ranch Road Sacramento, CA 95864	OCCUPATION AGGREGATE YEAR-TO-DATE \$250.00 RECEIPT FOR (specify other) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	8/31/00	\$250.00
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE RECEIPT FOR (specify other) <input type="checkbox"/> Primary <input type="checkbox"/> General		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE RECEIPT FOR (specify other) <input type="checkbox"/> Primary <input type="checkbox"/> General		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE RECEIPT FOR (specify other) <input type="checkbox"/> Primary <input type="checkbox"/> General		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE RECEIPT FOR (specify other) <input type="checkbox"/> Primary <input type="checkbox"/> General		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE RECEIPT FOR (specify other) <input type="checkbox"/> Primary <input type="checkbox"/> General		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE RECEIPT FOR (specify other) <input type="checkbox"/> Primary <input type="checkbox"/> General		

SUBTOTAL OF RECEIPTS THIS PAGE	\$500.00
TOTAL THIS PERIOD (last page this line number only)	\$12,450.00

ITEMIZED RECEIPTS

Use separate
 schedule(s) for
 each category of
 the detailed
 summary page

PAGE 1	OF (total pages) 1
LINE NUMBER 17(b)	

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

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		DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
NAME, ADDRESS, CITY, STATE, ZIP CODE American Independent Party California State Central Comm. 1084 W. Marshall Blvd. San Bernardino, CA 92405	NAME OF EMPLOYER Political party committee OCCUPATION AGGREGATE YEAR-TO-DATE \$1,500.00 RECEIPT FOR (specify other): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	9/28/00	\$1,500.00
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE RECEIPT FOR (specify other): <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE RECEIPT FOR (specify other): <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE RECEIPT FOR (specify other): <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE RECEIPT FOR (specify other): <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE RECEIPT FOR (specify other): <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE RECEIPT FOR (specify other): <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE RECEIPT FOR (specify other): <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		

SUBTOTAL OF RECEIPTS THIS PAGE	
TOTAL THIS PERIOD (last page this line number only)	\$1,500.00

ITEMIZED RECEIPTS

Use separate
 schedule(s) for
 each category of
 the detailed
 summary page

PAGE 1	OF (total pages) 1
LINE NUMBER 17(d)	

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

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NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
Howard Phillips 450 Maple Avenue East Vienna, VA 22180	The Conservative Caucus OCCUPATION Chairman AGGREGATE YEAR-TO-DATE \$2,953.00	8/15/00	\$2,130.00 (in-kind) (Airline ticket upgrades)
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
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NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		

SUBTOTAL OF RECEIPTS THIS PAGE	
TOTAL THIS PERIOD (last page this line number only)	\$2,130.00

ITEMIZED RECEIPTS

Use separate
 schedule(s) for
 each category of
 the detailed
 summary page

PAGE

1

OF (total pages)

1

LINE NUMBER

19(a)

NAME OF COMMITTEE (in full) PHILLIPS 2000, INC.		DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
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, ADDRESS, CITY, STATE, ZIP CODE Howard Phillipe 450 Maple Avenue East Vienna, VA 22180	NAME OF EMPLOYER The Conservative Caucus OCCUPATION Chairman AGGREGATE YEAR-TO-DATE \$15,070.00	8/29/00	\$4,000.00 (loan)
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
NAME, ADDRESS, CITY, STATE, ZIP CODE	NAME OF EMPLOYER OCCUPATION AGGREGATE YEAR-TO-DATE		
SUBTOTAL OF RECEIPTS THIS PAGE			
TOTAL THIS PERIOD (last page this line number only)			\$4,000.00

ITEMIZED DISBURSEMENTS

Use separate
 schedule(s) for
 each category of
 the detailed
 summary page

PAGE	OF (total pages)
1	8
LINE NUMBER	
23	

NAME OF COMMITTEE (in full) PHILLIPS 2000, INC.		DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH DISBURSEMENT THIS PERIOD
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, ADDRESS, CITY, STATE, ZIP CODE U.S. Postmaster Vienna, VA 22180	PURPOSE OF DISBURSEMENT Postage DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/1/00	\$250.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Carl Towe 3221 Matterhorn Way Ceres, CA 95307	PURPOSE OF DISBURSEMENT Ballot access DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/1/00	\$1,500.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Balderson's Insty-Prints 3211 Jermantown Road, #110 Fairfax, VA 22030	PURPOSE OF DISBURSEMENT Printing services DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/1/00	\$430.30
NAME, ADDRESS, CITY, STATE, ZIP CODE First Union National Bank P.O. Box 46 North Wilkesboro, NC 28659	PURPOSE OF DISBURSEMENT Bank service charge DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/2/00	\$50.56
NAME, ADDRESS, CITY, STATE, ZIP CODE First Union National Bank P.O. Box 46 North Wilkesboro, NC 28659	PURPOSE OF DISBURSEMENT Bank service charge DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/3/00	\$20.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Todd Richert Hoodspert, WA 98548	PURPOSE OF DISBURSEMENT Ballot access DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/4/00	\$2,500.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Accuracy in Media 4455 Connecticut Avenue, N.W. Suite 330 Washington, DC 20008	PURPOSE OF DISBURSEMENT Publication DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/4/00	\$6.95
NAME, ADDRESS, CITY, STATE, ZIP CODE Eberle Communications Group 1420 Spring Hill Road, Suite 490 McLean, VA 22102	PURPOSE OF DISBURSEMENT Web site fee DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/4/00	\$29.95
SUBTOTAL OF DISBURSEMENTS THIS PAGE (optional)			\$4,787.76
TOTAL THIS PERIOD (last page this line number only)			

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed summary page	PAGE 2	OF (total pages) 8
	LINE NUMBER 23	

NAME OF COMMITTEE (In full)
PHILLIPS 2000, INC.

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NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH DISBURSEMENT THIS PERIOD
First USA Bank, NA P.O. Box 15153 Wilmington, DE 19886	Travel expenses DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/4/00	\$450.00
The Conservative Caucus 450 Maple Avenue East Vienna, VA 22180	List rental DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/4/00	\$96.25
Federal Express P.O. Box 1140 Memphis, TN 38101	Delivery expenses DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/7/00	\$531.14
U.S. Postmaster Vienna, VA 22180	Postage DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/7/00	\$300.00
Carl Towe 3221 Matterhorn Way Ceres, CA 95307	Ballot access DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/8/00	\$3,500.00
Paul Adams c/o Barry Flynn 37 Webster Street Arlington, MA 02474	Ballot access DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/8/00	\$225.00
Karen Fincher P.O. Box 1252 Goshen, IN 46527	Ballot access DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/8/00	\$955.00
Balderson's Insty-Prints 3211 Jermantown Road, #110 Fairfax, VA 22030	Printing services DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/10/00	\$436.22

SUBTOTAL OF DISBURSEMENTS THIS PAGE (optional)	\$6,493.61
TOTAL THIS PERIOD (last page this line number only)	

ITEMIZED DISBURSEMENTS

Use separate
 schedule(s) for
 each category of
 the detailed
 summary page

PAGE 3	OF (total pages) 8
LINE NUMBER 23	

NAME OF COMMITTEE (In full) PHILLIPS 2000, INC.		DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH DISBURSEMENT THIS PERIOD
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, ADDRESS, CITY, STATE, ZIP CODE First Union National Bank P.O. Box 46 North Wilkesboro, NC 28659	PURPOSE OF DISBURSEMENT Bank service charge DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/10/00	\$11.75
NAME, ADDRESS, CITY, STATE, ZIP CODE First Union National Bank P.O. Box 46 North Wilkesboro, NC 28659	PURPOSE OF DISBURSEMENT Bank service charge DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/10/00	\$15.75
NAME, ADDRESS, CITY, STATE, ZIP CODE Larry W. Schumacher 5817 E. 21st Street Tulsa, OK 74114	PURPOSE OF DISBURSEMENT Ballot access DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/11/00	\$600.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Todd Richert P.O. Box Hoodspert, WA 98548	PURPOSE OF DISBURSEMENT Ballot access DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/11/00	\$500.00
NAME, ADDRESS, CITY, STATE, ZIP CODE U.S. Postmaster Vienna, VA 22180	PURPOSE OF DISBURSEMENT Postage DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/14/00	\$300.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Spence Anderson 5822 Vickery East Taluma, WA 98443	PURPOSE OF DISBURSEMENT Ballot access DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/14/00	\$1,940.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Nicholas Sumbles 8926 N. Greenwood Street, #181 Niles, IL 60714	PURPOSE OF DISBURSEMENT Ballot access DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/14/00	\$4,540.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Roy Kendall P.O. Box 63 Fitzwilliam, NH 03447	PURPOSE OF DISBURSEMENT Ballot access DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/14/00	\$1,385.00
SUBTOTAL OF DISBURSEMENTS THIS PAGE (optional)			\$9,292.50
TOTAL THIS PERIOD (last page this line number only)			

ITEMIZED DISBURSEMENTS

Use separate
 schedule(s) for
 each category of
 the detailed
 summary page

PAGE 4	OF (total pages) 8
LINE NUMBER 23	

NAME OF COMMITTEE (in full) PHILLIPS 2000, INC.		DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH DISBURSEMENT THIS PERIOD
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, ADDRESS, CITY, STATE, ZIP CODE The Conservative Caucus 450 Maple Avenue East Vienna, VA 22180	PURPOSE OF DISBURSEMENT Videotapes DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/15/00	\$230.79
NAME, ADDRESS, CITY, STATE, ZIP CODE The Conservative Caucus 450 Maple Avenue East Vienna, VA 22180	PURPOSE OF DISBURSEMENT Office space rental DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/15/00	\$434.44
NAME, ADDRESS, CITY, STATE, ZIP CODE Leadership Institute Steven P.J. Wood Building 1101 North Highland Street Arlington, VA 22201	PURPOSE OF DISBURSEMENT Reception DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/15/00	\$100.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Pitney Pitney Bowes P.O. Box 856390 Louisville, KY 40285	PURPOSE OF DISBURSEMENT Postage meter rental DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/15/00	\$231.52
NAME, ADDRESS, CITY, STATE, ZIP CODE Howard Phillips 450 Maple Avenue East Vienna, VA 22180	PURPOSE OF DISBURSEMENT Reimbursement for travel expenses DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/15/00	\$53.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Howard Phillips 450 Maple Avenue East Vienna, VA 22180	PURPOSE OF DISBURSEMENT Reimbursement for travel expenses DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/15/00	\$21.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Howard Phillips 450 Maple Avenue East Vienna, VA 22180	PURPOSE OF DISBURSEMENT Reimbursement for meals expenses DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/15/00	\$111.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Howard Phillips 450 Maple Avenue East Vienna, VA 22180	PURPOSE OF DISBURSEMENT Reimbursement for travel expenses DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/15/00	\$34.00
SUBTOTAL OF DISBURSEMENTS THIS PAGE (optional)			\$1,215.75
TOTAL THIS PERIOD (last page this line number only)			

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed summary page	PAGE 5	OF (total pages) 6
	LINE NUMBER 23	

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

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NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH DISBURSEMENT THIS PERIOD
United Airlines P.O. Box 28870 Tucson, AZ 85726	Airline ticket upgrades DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/00	\$2,130.00 (in-kind)
Accuracy in Media 4455 Connecticut Avenue, N.W. Suite 330 Washington, DC 20008	Publications DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/00	\$27.80
National Journal Group 1501 M Street, N.W. Washington, DC 20007	Publication DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/00	\$65.29
P. Daniel Orlich P.O. Box 400 Naples, FL 34106	Office space rental DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/00	\$1,000.00
Howard Phillips 450 Maple Avenue East Vienna, VA 22180	Reimbursement for meal expenses DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/00	\$35.00
The Conservative Caucus 450 Maple Avenue East Vienna, VA 22180	Reimbursement for telephone and fax expenses DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/00	\$1,310.93
Constitution Party 23 North Lime Street Lancaster, PA 17602	Convention fee DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/00	\$125.00
Live Free or Die Campaign Supply P.O. Box 65 Doubsman, WI 53118	Banner stickers DISBURSEMENT FOR: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/00	\$110.00

SUBTOTAL OF DISBURSEMENTS THIS PAGE (optional) \$4,804.02

TOTAL THIS PERIOD (last page this line number only)

ITEMIZED DISBURSEMENTS

Use separate
 schedule(s) for
 each category of
 the detailed
 summary page

PAGE	6	OF (total pages)	8
LINE NUMBER	23		

NAME OF COMMITTEE (in full)
PHILLIPS 2000, INC.

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NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH DISBURSEMENT THIS PERIOD
Art Harman 3209 Plantation Parkway Fairfax, VA 22030	Web site development expense DISBURSEMENT FOR: Other (specify) _____ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/19/00	\$2,300.00
Division of Elections P.O. Box 110017 Juneau, AK 99811	Election pamphlet foe DISBURSEMENT FOR: Other (specify) _____ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/21/00	\$300.00
Wanda Kirkpatrick 4103 Woodland Drive Fairfax, VA 22030	Notary public services DISBURSEMENT FOR: Other (specify) _____ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/24/00	\$30.00
Larry W. Schumacher 5817 E. 21st Street Tulsa, OK 74114	Ballot access DISBURSEMENT FOR: Other (specify) _____ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/24/00	\$1,345.00
Staples 8387C Leesburg Pike Vienna, VA 22182	Office supplies DISBURSEMENT FOR: Other (specify) _____ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/25/00	\$78.57
Richard Bastress P.O. Box 1295 Morgantown, WV 26507	Ballot access DISBURSEMENT FOR: Other (specify) _____ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/25/00	\$500.00
Howard Phillips 450 Maple Avenue East Vienna, VA 22180	Reimbursement for travel expenses DISBURSEMENT FOR: Other (specify) _____ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/25/00	\$14.00
Howard Phillips 450 Maple Avenue East Vienna, VA 22180	Reimbursement for travel expenses DISBURSEMENT FOR: Other (specify) _____ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> _____	8/25/00	\$62.00

SUBTOTAL OF DISBURSEMENTS THIS PAGE (optional) \$4,829.57

TOTAL THIS PERIOD (last page this line number only)

ITEMIZED DISBURSEMENTS

Use separate
schedule(s) for
each category of
the detailed
summary page

PAGE

7

OF (total pages)

8

LINE NUMBER

23

NAME OF COMMITTEE (in full)

PHILLIPS 2000, INC.

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DATE
(MONTH,
DAY,
YEAR)

AMOUNT OF
EACH
DISBURSEMENT
THIS PERIOD

NAME, ADDRESS, CITY, STATE, ZIP CODE

Howard Phillips
450 Maple Avenue East
Vienna, VA 22180

PURPOSE OF DISBURSEMENT

See below

8/25/00

\$300.00

DISBURSEMENT FOR: Other (specify)

Primary General

NAME, ADDRESS, CITY, STATE, ZIP CODE

Nicholas Sumbles
8926 N. Greenwood Street, #181
Niles, IL 60714

PURPOSE OF DISBURSEMENT

Ballot access

8/25/00

\$300.00
MEMO

DISBURSEMENT FOR: Other (specify)

Primary General

NAME, ADDRESS, CITY, STATE, ZIP CODE

Policy Analysis, Inc.
9520 Bent Creek Lane
Vienna, VA 22182

PURPOSE OF DISBURSEMENT

Reimbursement for car
rental expenses

8/25/00

\$317.03

DISBURSEMENT FOR: Other (specify)

Primary General

NAME, ADDRESS, CITY, STATE, ZIP CODE

Office of the Secretary of State
Elections Division
141 State Capitol
Salem, OR 97310

PURPOSE OF DISBURSEMENT

Voter guides

8/28/00

\$1,000.00

DISBURSEMENT FOR: Other (specify)

Primary General

NAME, ADDRESS, CITY, STATE, ZIP CODE

Balderson's Insty-Prints
3211 Jermantown Road, #110
Fairfax, VA 22030

PURPOSE OF DISBURSEMENT

Printing services

8/30/00

\$137.01

DISBURSEMENT FOR: Other (specify)

Primary General

NAME, ADDRESS, CITY, STATE, ZIP CODE

Diane Jenkins
910 N. Foster Drive
Baton Rouge, LA 70806

PURPOSE OF DISBURSEMENT

Ballot access

8/30/00

\$1,000.00

DISBURSEMENT FOR: Other (specify)

Primary General

NAME, ADDRESS, CITY, STATE, ZIP CODE

First Union National Bank
P.O. Box 46
North Wilkesboro, NC 28659

PURPOSE OF DISBURSEMENT

Bank service charge

8/30/00

95.00

DISBURSEMENT FOR: Other (specify)

Primary General

NAME, ADDRESS, CITY, STATE, ZIP CODE

PURPOSE OF DISBURSEMENT

DISBURSEMENT FOR: Other (specify)

Primary General

SUBTOTAL OF DISBURSEMENTS THIS PAGE (optional)

\$2,759.04

TOTAL THIS PERIOD (last page this line number only)

ITEMIZED DISBURSEMENTS

Use separate
 schedule(s) for
 each category of
 the detailed
 summary page

PAGE 8	OF (total pages) 8
LINE NUMBER 23	

NAME OF COMMITTEE (in full) PHILLIPS 2000, INC.		DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH DISBURSEMENT THIS PERIOD
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NAME, ADDRESS, CITY, STATE, ZIP CODE First Union National Bank 212 Maple Avenue East Vienna, VA 22180	PURPOSE OF DISBURSEMENT See below DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/31/00	\$505.00
NAME, ADDRESS, CITY, STATE, ZIP CODE Secretary of State State Capitol, 20th Floor Baton Rouge, LA 70804	PURPOSE OF DISBURSEMENT Ballot access fee DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/31/00	\$500.00 MEMO
NAME, ADDRESS, CITY, STATE, ZIP CODE First Union National Bank 212 Maple Avenue East Vienna, VA 22180	PURPOSE OF DISBURSEMENT Money order fee DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/31/00	\$5.00 MEMO
NAME, ADDRESS, CITY, STATE, ZIP CODE Staples 8387C Leesburg Pike Vienna, VA 22180	PURPOSE OF DISBURSEMENT Office supplies DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/31/00	\$16.09
NAME, ADDRESS, CITY, STATE, ZIP CODE Sue A. Schumacher 5817 E. 21st Street Tulsa, OK 74114	PURPOSE OF DISBURSEMENT Ballot access DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/31/00	\$350.00
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		
SUBTOTAL OF DISBURSEMENTS THIS PAGE (optional)			\$871.09
TOTAL THIS PERIOD (last page this line number only)			\$35,053.34

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed summary page	PAGE 1	OF (total pages) 1
	LINE NUMBER 25	

NAME OF COMMITTEE (in full) PHILLIPS 2000, INC.		DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH DISBURSEMENT THIS PERIOD
<p>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.</p>			
NAME, ADDRESS, CITY, STATE, ZIP CODE The Conservative Caucus 450 Maple Avenue East Vienna, VA 22180	PURPOSE OF DISBURSEMENT List rental DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/15/00	\$117.50
NAME, ADDRESS, CITY, STATE, ZIP CODE The Conservative Caucus 450 Maple Avenue East Vienna, VA 22180	PURPOSE OF DISBURSEMENT List rental DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/19/00	\$28.75
NAME, ADDRESS, CITY, STATE, ZIP CODE Howard Phillips 450 Maple Avenue East Vienna, VA 22180	PURPOSE OF DISBURSEMENT See below DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/25/00	\$500.00
NAME, ADDRESS, CITY, STATE, ZIP CODE U.S. Postmaster Vienna, VA 22180	PURPOSE OF DISBURSEMENT Postage DISBURSEMENT FOR: Other (specify) <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>	8/25/00	\$500.00 MEMO
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		
NAME, ADDRESS, CITY, STATE, ZIP CODE	PURPOSE OF DISBURSEMENT DISBURSEMENT FOR: Other (specify) <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/>		
SUBTOTAL OF DISBURSEMENTS THIS PAGE (optional)			
TOTAL THIS PERIOD (last page this line number only)			\$646.25

