

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) Linda Pall Congress 2000		2000 APR 21 P 1:59
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. PO Box 9900	2. FEC IDENTIFICATION NUMBER C00000000	
CITY, STATE and ZIP CODE Moscow, ID 83843	STATE/DISTRICT ID 01	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- April 15 Quarterly Report Twelfth day report preceding _____ (Type of Election) _____
election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report Thirtieth day report following the General Election on _____
in the State of _____
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only) Termination Report

This Report Contains Activity For Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>1/1/2000</u> through <u>3/31/2000</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$13,149.00	\$13,149.00
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$13,149.00	\$13,149.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$10,519.05	\$10,519.05
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$10,519.05	\$10,519.05
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$7,684.12	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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)	\$194.43	

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 Mary Jo Hamilton	
Signature of Treasurer <i>Mary Jo Hamilton</i>	Date 4/14/2000

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

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Linda Pall Congress 2000	00000000	Report Covering the Period From: 1/1/2000	To: 3/31/2000
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I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	\$4,200.00		11(a)(i)
(ii) Unitemized	\$7,824.00		11(a)(ii)
(iii) Total of Contributions from individuals	\$12,024.00	\$12,024.00	11(a)(iii)
(b) Political Party Committees	\$0.00	\$0.00	11(b)
(c) Other Political Committees (such as PACs)	\$1,125.00	\$1,125.00	11(c)
(d) The Candidate	\$0.00	\$0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i),(ii),(c), and (d))	\$13,149.00	\$13,149.00	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00	13(a)
(b) All Other Loans	\$0.00	\$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$0.00	\$0.00	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$0.00	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and 15)	\$13,149.00	\$13,149.00	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	\$10,519.05	\$10,519.05	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00	19(a)
(b) Of All Other Loans	\$0.00	\$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$0.00	20(a)
(b) Political Party Committees	\$0.00	\$0.00	20(b)
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b), and (c))	\$0.00	\$0.00	20(d)
21. OTHER DISBURSEMENTS	\$0.00	\$0.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21)	\$10,519.05	\$10,519.05	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$5,254.17		23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$13,149.00		24
25. SUBTOTAL (add Line 23 and Line 24)	\$18,403.17		25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$10,519.05		26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$7,884.12		27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11(a)(1)

Contributions from Individuals

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) **Linda Pall Congress 2000** C00000000

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bowman, Jeannette 3633 La Mesa Boise ID 83702	Idaho Power Co.	3/3/2000	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation pricing analyst		
	Aggregate Year-to-Date > \$250.00		
Brick, Barrett 1901 Wyoming Avenue NW Washington DC 20009	Federal Communications Commis	1/2/2000	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation attorney		
	Aggregate Year-to-Date > \$300.00		
Brick, Barrett 1901 Wyoming Avenue NW Washington DC 20009	Federal Communications Commis	3/14/2000	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation attorney		
	Aggregate Year-to-Date > \$300.00		
Itani, Mary Sue 1616 SW Wadleigh Drive Pullman WA 99163	self	2/4/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation developer		
	Aggregate Year-to-Date > \$500.00		
Jennings, Michael 770 Cypress Walk Apt. J Goleta CA 93117	self	1/13/2000	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation student		
	Aggregate Year-to-Date > \$300.00		
Karesh, Linda 6 Pheasant Run Scarsdale NY 10683	self	1/26/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation consultant		
	Aggregate Year-to-Date > \$500.00		
Orlando, Allison 7041 Solomon Seal Ct Springfield VA 22152	The Morrow Group	3/13/2000	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation client Service Mgr		
	Aggregate Year-to-Date > \$250.00		

SUBTOTAL of Receipts This Page (optional)	\$2,100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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NAME OF COMMITTEE (in Full) **Linda Pall Congress 2000** C00000000

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pierce, Gilford 1199J Tolo Trail Moscow ID 83843	U of Idaho	1/10/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Architect		
	Aggregate Year-to-Date > \$500.00		
Pillsbury, Charles 247 St. Ronan St. New Haven CT 06511	Community Mediation	3/18/2000	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation mediator		
	Aggregate Year-to-Date > \$250.00		
Simmons, Mary Walker 111 Arrow St Moscow ID 83843	WSU	1/18/2000	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation professor		
	Aggregate Year-to-Date > \$250.00		
Warnick, Kathleen 1200 Lundquist Lane Moscow ID 83843	self	1/10/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation homemaker		
	Aggregate Year-to-Date > \$500.00		
Watson, Matthew 2301 N Street NW 116 Washington DC 20037	DC	1/10/2000	\$400.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Administrative Judge		
	Aggregate Year-to-Date > \$600.00		
Watson, Matthew 2301 N Street NW 116 Washington DC 20037	DC	3/14/2000	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation Administrative Judge		
	Aggregate Year-to-Date > \$600.00		
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation		
	Aggregate Year-to-Date >		

SUBTOTAL of Receipts This Page (optional)	>	\$2,100.00
TOTAL This Period (last page this line number only)	>	\$4,200.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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) **Linda Pall Congress 2000** **CO0000000**

A. Full Name, Mailing Address and ZIP Code Marvin Pratt, Citizens For 4045 N. 16th St Milwaukee WI 53209 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > \$100.00	Date (month, day, year) 3/11/2000	Amount of Each Receipt this Period \$100.00
B. Full Name, Mailing Address and ZIP Code Reynolds, Robert 1516 Wayne St. Harrisburg PA 17104 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer committee Occupation political committee Aggregate Year-to-Date > \$25.00	Date (month, day, year) 1/11/2000	Amount of Each Receipt this Period \$25.00
C. Full Name, Mailing Address and ZIP Code Rosa Delauro, Friends Of 49 Huntington Street New Haven CT 06511 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 2/1/2000	Amount of Each Receipt this Period \$1,000.00
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$1,125.00
TOTAL This Period (last page this line number only)	\$1,125.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)		C00000000	
A. Full Name, Mailing Address and ZIP Code AT and T PO Box 2971 Omaha NE 68103	Purpose of Disbursement Office Expenses phone account 050 221-5604 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/26/2000	Amount of Each Disbursement this Period \$15.83
B. Full Name, Mailing Address and ZIP Code AT and T PO Box 2971 Omaha NE 68103	Purpose of Disbursement Office Expenses phone acct 050 221 5604 001 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/18/2000	Amount of Each Disbursement this Period \$7.68
C. Full Name, Mailing Address and ZIP Code AT and T PO Box 2971 Omaha NE 68103	Purpose of Disbursement Office Expenses long distance phone charges Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/21/2000	Amount of Each Disbursement this Period \$15.92
D. Full Name, Mailing Address and ZIP Code Cutting Edge Signs 113 E. 6th St. Moscow ID 83843	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/8/2000	Amount of Each Disbursement this Period \$112.14
E. Full Name, Mailing Address and ZIP Code Federal Express PO Box 1140 Memphis TN 38101	Purpose of Disbursement Campaign Mailings Mailings invoice 7-865- Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/26/2000	Amount of Each Disbursement this Period \$63.68
F. Full Name, Mailing Address and ZIP Code First Step Internet 405 So. Main Street Moscow ID 83843	Purpose of Disbursement Bank Service Charge Internet service Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/1/2000	Amount of Each Disbursement this Period \$275.00
G. Full Name, Mailing Address and ZIP Code GTE Northwest Payment Process Ctr Inglewood CA 90313	Purpose of Disbursement Office Expenses phone bill 30122108169368105 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/12/2000	Amount of Each Disbursement this Period \$341.73
H. Full Name, Mailing Address and ZIP Code GTE Northwest Payment Process Ctr Inglewood CA 90313	Purpose of Disbursement Office Expenses phone Acct # Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/12/2000	Amount of Each Disbursement this Period \$119.62
I. Full Name, Mailing Address and ZIP Code GTE Northwest Payment Process Ctr Inglewood CA 90313	Purpose of Disbursement Office Expenses Account Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/10/2000	Amount of Each Disbursement this Period \$119.62

SUBTOTAL of Disbursements This Page (optional)

\$1,071.22

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (In Full)		C00000000	
A. Full Name, Mailing Address and ZIP Code Idaho Democratic Womens Caucus Street Required City ST 00000	Purpose of Disbursement Other (Enter Description) brunch Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/25/2000	Amount of Each Disbursement this Period \$120.00
B. Full Name, Mailing Address and ZIP Code Idaho Secretary Of State 700 W. Jefferson Room 203 Boise ID 83720	Purpose of Disbursement Other (Enter Description) filing fee Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/8/2000	Amount of Each Disbursement this Period \$300.00
C. Full Name, Mailing Address and ZIP Code Idaho State Democratic Party Street Required City ST 00000	Purpose of Disbursement Other (Enter Description) tickets, Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/25/2000	Amount of Each Disbursement this Period \$580.00
D. Full Name, Mailing Address and ZIP Code Kenworthy Enterprise PO Box 8309 Moscow ID 83843	Purpose of Disbursement Office Rent rent for headquarters Feb. Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/13/2000	Amount of Each Disbursement this Period \$581.25
E. Full Name, Mailing Address and ZIP Code Law Offices of Linda Pall PO Box 8656 Moscow ID 83843	Purpose of Disbursement Campaign Literature letterhead invoice Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/5/2000	Amount of Each Disbursement this Period \$518.00
F. Full Name, Mailing Address and ZIP Code Law Offices Of Linda Pall PO Box 8656 Moscow ID 83843	Purpose of Disbursement Campaign Literature Artbeat #5717, Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/27/2000	Amount of Each Disbursement this Period \$973.04
G. Full Name, Mailing Address and ZIP Code Law Offices Of Linda Pall PO Box 8656 Moscow ID 83843	Purpose of Disbursement Bank Service Charge reimbursement for Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/26/2000	Amount of Each Disbursement this Period \$235.71
H. Full Name, Mailing Address and ZIP Code Law Offices Of Linda Pall PO Box 8656 Moscow ID 83843	Purpose of Disbursement Campaign Literature reimbursement for Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/12/2000	Amount of Each Disbursement this Period \$309.71
I. Full Name, Mailing Address and ZIP Code Law Offices of Linda Pall PO Box 8656 Moscow ID 83843	Purpose of Disbursement Fundraising phone 60.36, food Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/7/2000	Amount of Each Disbursement this Period \$1,091.68

SUBTOTAL of Disbursements This Page (optional)	\$9,709.39
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 4
FOR LINE NUMBER
17

Operating Expenditures

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NAME OF COMMITTEE (in Full)		C00000000	
A. Full Name, Mailing Address and ZIP Code Law Offices of Linda Pall PO Box 8656 Moscow ID 83843	Purpose of Disbursement Campaign Literature payment on Kinko acct Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 1/12/2000	Amount of Each Disbursement this Period \$680.96
B. Full Name, Mailing Address and ZIP Code Markon International 6524 NE 10th Avenue Vancouver WA 98665	Purpose of Disbursement Professional Services production of banner Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/15/2000	Amount of Each Disbursement this Period \$185.00
C. Full Name, Mailing Address and ZIP Code Moscow Renaissance Fair Box 8152 Moscow ID 83843	Purpose of Disbursement Fundraising Renaissance Fair booth Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/13/2000	Amount of Each Disbursement this Period \$55.00
D. Full Name, Mailing Address and ZIP Code Moscow Renaissance Fair Box 8152 Moscow ID 83843	Purpose of Disbursement Fundraising Renaissance Fair Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/13/2000	Amount of Each Disbursement this Period \$10.00
E. Full Name, Mailing Address and ZIP Code Page Design PO Box 8232 Moscow ID 83843	Purpose of Disbursement Campaign Mailings mail heavy hitters letters Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/12/2000	Amount of Each Disbursement this Period \$121.13
F. Full Name, Mailing Address and ZIP Code Pall, Linda 304 East A St. Moscow ID 83843	Purpose of Disbursement Fundraising reimbursement Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/8/2000	Amount of Each Disbursement this Period \$304.50
G. Full Name, Mailing Address and ZIP Code Pall, Linda 304 East A St. Moscow ID 83843	Purpose of Disbursement Fundraising advance- DC, New Haven Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/8/2000	Amount of Each Disbursement this Period \$1,180.00
H. Full Name, Mailing Address and ZIP Code Printcraft Printing Inc 1626 Main Lewiston ID 83501	Purpose of Disbursement Fundraising invitations Coeur Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/8/2000	Amount of Each Disbursement this Period \$304.50
I. Full Name, Mailing Address and ZIP Code Smith-Hill 1126 King Road Moscow ID 83843	Purpose of Disbursement Fundraising Fundraising Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/25/2000	Amount of Each Disbursement this Period \$112.10

SUBTOTAL of Disbursements This Page (optional) ----->	\$2,873.21
TOTAL This Period (last page this line number only) ----->	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 4 OF 4

FOR LINE NUMBER

17

Operating Expenditures

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NAME OF COMMITTEE (In Full)		C00000000	
A. Full Name, Mailing Address and ZIP Code Us Postmaster Street Required City ST 00000	Purpose of Disbursement Postage stamps Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 2/15/2000	Amount of Each Disbursement this Period \$33.00
B. Full Name, Mailing Address and ZIP Code Womans Natl Democratic Club 1626 New Hampshire Ave NW Washington DC 20036	Purpose of Disbursement Fundraising food, hall rental for DC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 3/8/2000	Amount of Each Disbursement this Period \$1,032.23
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
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
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
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
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
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
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)	\$1,065.23
TOTAL This Period (last page this line number only)	\$10,519.05

SCHEDULE D

(Revised 3/80) Owed BY the Committee

DEBTS AND OBLIGATIONS

Excluding Loans FROM 1/1/2000 TO 3/31/2000

PAGE 1 of 1
 LINE NUMBER 10
 (Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Linda Pall Congress 2000				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor GTE Northwest Payment Process Ctr Inglewood CA 90313	\$0.00	\$119.62	\$0.00	\$119.62
Nature of Debt (Purpose): GTE 3012210816362105 Office Expenses				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Printcraft Printing Inc 1628 Main Lewiston ID 83501	\$0.00	\$57.65	\$0.00	\$57.65
Nature of Debt (Purpose): Court d'Aene Invitations Fundraising				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor Law Offices Of Linda Pall PO Box 8656 Moscow ID 83843	\$0.00	\$17.16	\$0.00	\$17.16
Nature of Debt (Purpose): memb. Kappa Invelce 7-922-40121 Fundral				
Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	\$194.43
2) TOTALS This Period (last page in this line only)	\$194.43
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	\$0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\$194.43

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input 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 checked="" type="checkbox"/> Other (Specify): <i>Express Mail</i>	Postmarked <i>9-19-00</i> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

<i>Del</i> PREPARER	<i>4/24/00</i> DATE PREPARED
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