

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
GRAMS VICTORY COMMITTEE

ADDRESS (number and street) Check if different than previously reported
P.O. Box 75103

CITY, STATE and ZIP CODE
WASHINGTON, DC 20013

SECRETARY OF THE SENATE
 00 OCT 10 10 54 AM

2. FEC IDENTIFICATION NUMBER
000358671

3. This committee has qualified as a multi-candidate committee. (See FEC FORM 104)

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

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

Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____

Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

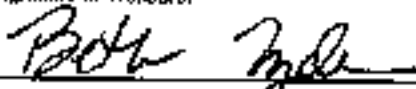
5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year to-Date
<u>07/01/00</u> through <u>09/30/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ -0-
(b) Cash on Hand at Beginning of Reporting Period	\$ 11,976.00	
(c) Total Receipts (from line 18)	\$ 57,850.00	\$ 69,850.00
(d) Net Total (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 69,826.00	\$ 69,850.00
7. Total Disbursements (from Line 30)	\$ 56,744.12	\$ 56,768.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 13,081.88	\$ 13,081.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

BETH LYDON - TREASURER

Signature of Treasurer



Date

10/13/00

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

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FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE GRANS VICTORY COMMITTEE		REPORT COVERING PERIOD	
		FROM: 07/01/00	TO: 09/30/00
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		56,500.00	68,500.00
ii. Unitemized		350.00	350.00
iii. Total	(add i and ii) ▶	56,850.00	68,850.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		1,000.00	1,000.00
d. Total Contributions	(add a ii, b and c) ▶	57,850.00	69,850.00
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)		-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	57,850.00	69,850.00
20. Total Federal Receipts	(subtract line 18 from line 19) ▶	57,850.00	69,850.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		-0-	-0-
ii. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures		11,744.12	11,768.12
c. Total Operating Expenditures	(Add a i, ii, and b) ▶	11,744.12	11,768.12
22. Transfers to Affiliated/Other Party Committees		45,000.00	45,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		-0-	-0-
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds	(Add a, b and c) ▶	-0-	-0-
29. Other Disbursements		-0-	-0-
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	56,744.12	56,768.12
31. Total Federal Disbursements	(subtract line 21 a d from line 30) ▶	56,744.12	56,768.12
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		57,850.00	69,850.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)		57,850.00	69,850.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) ▶	11,744.12	11,768.12
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures	(subtract line 36 from 35) ▶	11,744.12	11,768.12

SCHEDULE A

ITEMIZED RECEIPTS

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)
GRAND VICTORY COMMITTEE

FEC ID No. C00358671

A. Full Name, Mailing Address and ZIP Code Lawrence B. Carlson 830 W. Main Street Anoka, MN 55303		Name of Employer Carlson Lundquist	Date (month, day, year) 9/11/00	Amount of Each Receipt this Period 15,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CPA	Aggregate Year-To-Date > \$ 15,000.00	
B. Full Name, Mailing Address and ZIP Code James W. Emison 9531 West 70th Street Suite 102 Eden Prairie, MN 55344		Name of Employer Western Petroleum	Date (month, day, year) 9/22/00	Amount of Each Receipt this Period 5,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Chairman	Aggregate Year-To-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code Kenneth L. Evenstad 14905 23rd Avenue, N. Minneapolis, MN 55447		Name of Employer Upsher Smith Laboratories	Date (month, day, year) 9/12/00	Amount of Each Receipt this Period 5,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CEO	Aggregate Year-To-Date > \$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code Kenneth R. Ferguson 4820 Highway 7 St. Louis Park, MN 55416		Name of Employer Self employed	Date (month, day, year) 9/11/00	Amount of Each Receipt this Period 2,500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation pilot	Aggregate Year-To-Date > \$ 4,500.00	
E. Full Name, Mailing Address and ZIP Code Mark L. Gruss 26140 Birch Bluff Road Shorewood, MN 55331		Name of Employer Fremont Ind.	Date (month, day, year) 8/24/00	Amount of Each Receipt this Period 5,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CEO	Aggregate Year-To-Date > \$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code Corinne Jacobson 12308 Hwy. 169 South Hill City, MN 55748		Name of Employer Homemaker	Date (month, day, year) 8/24/00	Amount of Each Receipt this Period 1,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Homemaker	Aggregate Year-To-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code John B. Kinkead 693 Montcalm Place St. Paul, MN 55116		Name of Employer National Mower	Date (month, day, year) 8/23/00	Amount of Each Receipt this Period 3,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Manager	Aggregate Year-To-Date > \$ 3,000.00	

SUBTOTAL of Receipts This Page (optional)	36,500.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (in Full)

GRAHS VICTORY COMMITTEE

FEC ID No. C00158671

A. Full Name, Mailing Address and ZIP Code Brian F. Sullivan 1822 Morgan Road Long Lake, MN 55356		Name of Employer Simon Delivers.com	Date (month, day, year) 8/29/00	Amount of Each Receipt this Period 15,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President	Aggregate Year-To-Date \geq \$ 15,000.00	
B. Full Name, Mailing Address and ZIP Code Dean A. Sundquist 4315 Oakview Lane Plymouth, MN 55442		Name of Employer Mate Precision Tooling	Date (month, day, year) 9/19/00	Amount of Each Receipt this Period 5,000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CEO	Aggregate Year-To-Date \geq \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date \geq \$	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date \geq \$	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date \geq \$	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date \geq \$	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-To-Date \geq \$	

SUBTOTAL (of Receipts This Page (optional))	20,000.00
TOTAL This Period (Use page this line number only)	56,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
GRANS VICTORY COMMITTEE

FEC ID No. C00358671

A. Full Name, Mailing Address and ZIP Code Bell South PAC 1133 21st Street, NW Suite 900 Washington, DC 20036	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,000.00
	Occupation	8/11/00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date <input checked="" type="checkbox"/> \$		

SUBTOTAL of Receipts This Page (if itemized)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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) **GRAMS VICTORY COMMITTEE** FBC ID No. **C00358671**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Union National Bank 1970 Chain Bridge Road McLean, VA 22102	Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/13/00	8.71
B. Full Name, Mailing Address and ZIP Code Mintertainment Mail of America 60 East Broadway Bloomington, MN 55425	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/00	720.00
C. Full Name, Mailing Address and ZIP Code Federal Express Department A Post Office Box 1140 Memphis, TN 38101	Delivery Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/00	9.62
D. Full Name, Mailing Address and ZIP Code Pinnacle Direct, Inc. 4115 Drew Ave. S Minneapolis, MN 55410	Stationary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	383.65
E. Full Name, Mailing Address and ZIP Code Minneapolis Club 729-2nd Avenue South Minneapolis, MN 55402	Meeting Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/00	622.14
F. Full Name, Mailing Address and ZIP Code Cynthia Dufour 1433 Highland Court Stillwater, MN 55082	Consultant Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	2,500.00
		9/28/00	2,500.00
G. Full Name, Mailing Address and ZIP Code Elaine Lobitz 6375 St. Croix Trail N. Oak Park Heights, MN 55082	Consultant Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	2,500.00
		9/28/00	2,500.00
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)	11,744.12
TOTAL This Period (last page this line number only)	11,744.12

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NAME OF COMMITTEE (in full)

GRAMS VICTORY COMMITTEE

FEC ID No. C00358671

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Republican Senatorial Committee 425 Second St., NE Washington, DC 20002	Transfer of Funds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	45,000.00
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)	45,000.00
TOTAL This Period (last page this line number only)	45,000.00

NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF FEDERAL COMMITTEE Grass Victory Committee		FEC ID# C00358671		
NAME OF ACCOUNT NonFederal Account	COVERAGE PERIOD FROM 07/01/00 TO 9/30/00			
RECEIPTS (ATTACH SUPPORTING MEMO SCHEDULE A ITEMIZING RECEIPTS AGGREGATING IN EXCESS OF \$200 DURING THE CALENDAR YEAR)	COLUMN A TOTAL THIS PERIOD		COLUMN B YEAR-TO-DATE	
	1. TOTAL RECEIPTS:		51,000.00	51,000.00
DISBURSEMENTS: (ATTACH SUPPORTING MEMO SCHEDULE B ITEMIZING DISBURSEMENTS AGGREGATING IN EXCESS OF \$200 DURING THE CALENDAR YEAR)				
2. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT FOR ALLOCABLE EXPENSES		0.00	0.00	
3. TRANSFERS TO STATE/LOCAL PARTY ORGANIZATIONS		0.00	0.00	
4. DIRECT STATE/LOCAL CANDIDATE SUPPORT		0.00	0.00	
5. OTHER DISBURSEMENTS		50,026.08	50,026.08	
6. TOTAL DISBURSEMENTS (ADD 2, 3, 4, AND 5)		50,026.08	50,026.08	
SUMMARY				
7. BEGINNING CASH ON HAND (FOR COLUMN B USE CASH AS OF JANUARY 1ST)		0.00	0.00	
8. RECEIPTS (FROM LINE 1)		51,000.00	51,000.00	
9. SUBTOTAL		51,000.00	51,000.00	
10. DISBURSEMENTS (FROM LINE 6)		50,026.08	50,026.08	
11. ENDING CASH ON HAND		973.92	973.92	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)			
GRAHS VICTORY COMMITTEE		FEC ID No. C00358671	
A. Full Name, Mailing Address and ZIP Code Dayton Hudson Corporation 777 Nicollet Mall Minneapolis, MN 55402		Name of Employer Occupation	Date (month, day, year) 7/31/00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \geq \$ 50,000.00	Amount of Each Receipt this Period 50,000.00
B. Full Name, Mailing Address and ZIP Code Jacobson Builders 2301 Highway 169 South Grand Rapids, MN 55744		Name of Employer Occupation	Date (month, day, year) 8/24/00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \geq \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	Date (month, day, year)
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \geq \$	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	Date (month, day, year)
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \geq \$	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	Date (month, day, year)
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \geq \$	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	Date (month, day, year)
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \geq \$	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation	Date (month, day, year)
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-To-Date \geq \$	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			51,000.00
TOTAL This Period (this page plus line number only)			

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NAME OF COMMITTEE (in Full)

GRANS VICTORY COMMITTEE

FEC ID No. C00358671

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Union National Bank 1970 Chain Bridge Road McLean, VA 22102	Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/00	26.08
B. Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 Second St., NE Washington, DC 20002	Transfer of funds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/29/00	50,000.00
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)

50,026.08

TOTAL This Period (last page this line number only)

50,026.08

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 10/13/00
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PG 10/13/00
Preparer Date Prepared