

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 DEC 20 P 1:57

1. NAME OF COMMITTEE (in full) The Committee for the Preservation of Capitalism		2. FEC IDENTIFICATION NUMBER C00328468
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 22614	3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee. (see FEC FORM 1M)	
CITY, STATE and ZIP CODE Alexandria, VA 22304		

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	COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period <u>11/01/99</u> through <u>11/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$40027.07
(b) Cash on Hand at Beginning of Reporting Period	\$190359.25	
(c) Total Receipts (from Line 19)	\$9148.83	\$309598.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$199506.08	\$349625.98
7. Total Disbursements (from Line 30)	\$69389.69	\$219508.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$130116.39	\$130116.39
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

For further information contact:
Federal Election Commission
988 E Street, NW
Washington, DC 20483
Toll Free 800-424-9530
Local 202-219-3420

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
Bruce Gates

Signature of Treasurer

Date

12-15-99

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

FEC FORM 3X
(Revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE The Committee for the Preservation of Capitalism		REPORT COVERING PERIOD FROM 11/01/99 TO: 11/30/99		
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individuals/Persons Other Than Political Committees				
i. Itemized (Use Schedule A)	\$3500.00	\$77818.00	11(a)(i)	
ii. Unitemized	\$0.00	\$0.00	11(b)(ii)	
iii. Total (add i and ii)	\$3500.00	\$77818.00	11(b)(iii)	
b. Political Party Committees	\$0.00	\$0.00	11(b)	
c. Other Political Committees (such as PACs)	\$5500.00	\$230681.89	11(c)	
d. Total Contributions (add a iii, b and c)	\$9000.00	\$308497.99	11(d)	
12. Transfers From Affiliated/Other Party Committees	\$0.00	\$0.00	12	
13. All Loans Received	\$0.00	\$0.00	13	
14. Loan Repayments Received	\$0.00	\$0.00	14	
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	\$0.00	\$0.00	15	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	\$0.00	\$0.00	16	
17. Other Federal Receipts (Dividends, Interest, etc.)	\$148.83	\$1100.92	17	
18. Transfers from Nonfederal Account for Joint Activity	\$0.00	\$0.00	18	
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	\$9148.83	\$309598.91	19	
20. Total Federal Receipts (subtract line 18 from line 19)	\$9148.83	\$309598.91	20	
II. DISBURSEMENTS				
21. Operating Expenditures:				
a. Shared Federal/Non Federal Activity (from Schedule H4)				
i. Federal Share	\$0.00	\$4450.00	21(a)(i)	
ii. Non-Federal Share	\$0.00	\$0.00	21(a)(ii)	
b. Other Federal Operating Expenditures	\$13389.69	\$107059.59	21(b)	
c. Total Operating Expenditures (add a i, a ii, and b)	\$13389.69	\$111509.59	21(c)	
22. Transfers to Affiliated/Other Party Committees	\$0.00	\$0.00	22	
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$5500.00	\$104500.00	23	
24. Independent Expenditures (use Schedule E)	\$0.00	\$0.00	24	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	\$0.00	\$0.00	25	
26. Loan Repayments Made	\$0.00	\$0.00	26	
27. Loans Made	\$0.00	\$0.00	27	
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees	\$0.00	\$0.00	28(a)	
b. Political Party Committees	\$0.00	\$0.00	28(b)	
c. Other Political Committees (such as PACs)	\$500.00	\$3500.00	28(c)	
d. Total Contribution Refunds (add a, b and c)	\$500.00	\$3500.00	28(d)	
29. Other Disbursements	\$0.00	\$0.00	29	
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$89389.69	\$219509.59	30	
31. Total Federal Disbursements (subtract line 21 a iii from line 30)	\$89389.69	\$219509.59	31	
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans) (from line 11d)	\$9000.00	\$308497.99	32	
33. Total Contribution Refunds (from line 28d)	\$500.00	\$3500.00	33	
34. Net Contributions (other than loans) (subtract line 33 from 32)	\$8500.00	\$304997.99	34	
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	\$13389.69	\$111509.59	35	
36. Offsets to Operating Expenditures (from line 15)	\$0.00	\$0.00	36	
37. Net Operating Expenditures (subtract line 36 from 35)	\$13389.69	\$111509.59	37	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOLIO LINE NUMBER 11 (a) (i)

Any information copied from such Reports and Statements may not be valid 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)
The Committee for the Preservation of Capitalism

A. Full Name, Mailing Address and Zip Code Leanne M. Boland 4115 Toland Street Chevy Chase, MD 20815- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date ->	Date (month, day, year) 11/03/99 Aggregate Year-to-Date ->	Amount of Each Receipt this Period \$2500.00
B. Full Name, Mailing Address and Zip Code William C. Windham P.O. Box 5037 Bossier City, LA 71371- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self Occupation investor Aggregate Year-to-Date ->	Date (month, day, year) 11/04/99 Aggregate Year-to-Date ->	Amount of Each Receipt this Period \$1000.00
C. 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) / / Aggregate Year-to-Date ->	Amount of Each Receipt this Period
D. 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) / / Aggregate Year-to-Date ->	Amount of Each Receipt this Period
E. 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) / / Aggregate Year-to-Date ->	Amount of Each Receipt this Period
F. 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) / / Aggregate Year-to-Date ->	Amount of Each Receipt this Period
G. 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) / / Aggregate Year-to-Date ->	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$3500.00
TOTAL This Period (last page this line number only)	\$3500.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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The Committee for the Preservation of Capitalism

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JSTear PAC 100 West Putnam Avenue Greenwich, CT 06830- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	 Occupation	11/01/99 Aggregate Year-to-Date -> \$3500.00	\$1000.00
B. Full Name, Mailing Address and Zip Code Siblings Financial LLC Suite 701 Patterson Tower 6007 Financial Plaza Shreveport, LA 71129- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	 Occupation	11/15/99 Aggregate Year-to-Date -> \$1000.00	\$500.00
C. Full Name, Mailing Address and Zip Code United Healthcare Corp. Political Fund 1225 New York Avenue, NW Suite 475 Washington, DC 20005- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	 Occupation	11/10/99 Aggregate Year-to-Date -> \$1000.00	\$1000.00
D. Full Name, Mailing Address and Zip Code Health Plan PAC 1129 Twentieth Street, NW Suite 600 Washington, DC 20036- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	 Occupation	11/04/99 Aggregate Year-to-Date -> \$1000.00	\$1000.00
E. Full Name, Mailing Address and Zip Code Universal Health Services 1317 F Street, NW Suite 301 Washington, DC 20004- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	 Occupation	11/01/99 Aggregate Year-to-Date -> \$1000.00	\$1000.00
F. Full Name, Mailing Address and Zip Code Society of Thoracic Surgeons PAC 1200 15th Street, NW Suite 300 Washington, DC 20036- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	 Occupation	11/01/99 Aggregate Year-to-Date -> \$1000.00	\$1000.00
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	 Occupation	 / / Aggregate Year-to-Date ->	 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$5500.00
TOTAL This Period (last page this line number only)	\$5500.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 The Committee for the Preservation of Capitalism

A. Full Name, Mailing Address and Zip Code Crestar Bank P.O. Box 26150 Richmond, VA 23260-6150 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INTEREST	Date (month, day, year) 11/30/99	Amount of Each Receipt this Period \$146.83
	Occupation	Aggregate Year-to-Date -> \$1100.92	
B. 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	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
C. 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	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
D. 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	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
E. 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	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
F. 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	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
G. 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	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	\$146.83
TOTAL This Period (last page this line number only)	\$146.83

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Premiere Technologies, Inc. One Industrial Way W Building D Eatontown, NJ 07724-	fax services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/16/99	\$46.58
Orient Express P.O. Box 7927 Gaithersburg, MD 20898-	courier service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/16/99	\$172.33
Louisiana Food Service & Catering P.O. Box 72562 Bossier City, LA 71172-	tournament catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/16/99	\$2250.09
Enchanted Garden 2429 Line Avenue et Prospect Shreveport, LA 71104-	tournament gifts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/05/99	\$324.73
Jan Furlow 8004 Yorktown Drive Alexandria, VA 22308-	consulting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/05/99	\$5000.00
Jan Furlow 8004 Yorktown Drive Alexandria, VA 22308-	consulting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/99	\$2500.00
Jan Furlow 8004 Yorktown Drive Alexandria, VA 22308-	reimbursement - tournament expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/05/99	\$195.94

SUBTOTAL of Disbursements This Page (optional) \$10489.69

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The Committee for the Preservation of Capitalism

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jan Farlow 8004 Yorktown Drive Alexandria, VA 22308-	consulting fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/99	\$2500.00
B. Full Name, Mailing Address and Zip Code Patrick Nation 706 Cline Street Minden, LA 71055-	tournament music Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	\$400.00
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)	/ /	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)	/ /	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)	/ /	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)	/ /	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)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional):	\$2900.00
TOTAL This Period (last page this line number only):	\$13309.69

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 The Committee for the Preservation of Capitalism

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Republicans National Committee 310 First Street, SE Washington, DC 20003-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/99	\$2500.00
John Kennedy Campaign Fund P.O. Box 80748 Baton Rouge, LA 70999-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/99	\$5000.00
Friends of Don Sherwood 81 Warren Street Tankhannock, PA 18657-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/99	\$5000.00
Joe Skeen for Congress P.O. Box 2446 Roswell, NM 88201-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/99	\$5000.00
Pirrozi for Congress P.O. Box 2303 Rancho Cucamonga, CA 91729-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/05/99	\$1000.00
Rehberg for Congress 4401 Highway 3 Billings, MT 59106-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/99	\$5000.00
Richard Baker For Congress Post Office Box 1694 Baton Rouge, LA 70821-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/99	\$5300.00

SUBTOTAL of Disbursements This Page (optional)	\$28500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 The Committee for the Preservation of Capitalism

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Rogers For Congress P.O. Box 581 Brighton, MI 48116-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/99	\$5000.00
B. Full Name, Mailing Address and Zip Code Shelley Moore Capito For Congress P.O. Box 11519 Charleston, WV 25339-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/99	\$5000.00
C. Full Name, Mailing Address and Zip Code Tom Tancredo For Congress P.O. Box 3736 Littleton, CO 80161-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/99	\$1000.00
D. Full Name, Mailing Address and Zip Code Tom Tancredo For Congress P.O. Box 3736 Littleton, CO 80161-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/99	\$4000.00
E. Full Name, Mailing Address and Zip Code Walden For Congress P.O. Box 1091 Hood River, OR 97031-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/99	\$1300.00
F. Full Name, Mailing Address and Zip Code Friends of George Nethercutt P.O. Box 1925 Spokane, WA 99210-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/99	\$5000.00
G. Full Name, Mailing Address and Zip Code People With Hart P.O. Box 435 Wexford, PA 15090-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/99	\$5000.00

SUBTOTAL of Disbursements This Page (optional)	\$26000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 The Committee for the Preservation of Capitalism

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Next Century Fund P.O. Box 99775 Raleigh, NC 27624-	contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/01/99	\$1000.00
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):	/ /	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):	/ /	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):	/ /	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):	/ /	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):	/ /	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):	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$1000.00
TOTAL This Period (last page this line number only)	\$55500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE: OF 1
FOR LINE NUMBER 28c

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NAME OF COMMITTEE (In Full)
The Committee for the Preservation of Capitalism

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Siblings Financial LLC Suite 101 Patterson Tower 6007 Financial Plaza Shreveport, LA 71129-	refund of corporate contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/99	\$500.00
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)	/ /	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)	/ /	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)	/ /	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)	/ /	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)	/ /	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)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$500.00
TOTAL This Period (last page this line number only)	\$500.00

