

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEC MAIL ROOM

For Other Than An Authorized Committee
[Summary Page]

2000 OCT 16 A 10:47

1. NAME OF COMMITTEE (In full) MCCESON HBOC INC EMPLOYEES POLITICAL FD	2. FEC IDENTIFICATION NUMBER CD0108035
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported ONE POST STREET, 34TH FLOOR	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE SAN FRANCISCO, CA 94010	

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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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
6. Covering Period <u>07/01/00</u> through <u>09/30/00</u>		
8. (a) Cash on Hand January 1, 2000		\$ 33,804.87
(b) Cash on Hand at Beginning of Reporting Period	\$ 36,437.49	
(c) Total Receipts (from Line 18)	\$ 10,605.03	\$ 30,311.65
(d) Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)	\$ 47,042.52	\$ 64,116.52
7. Total Disbursements (from Line 30)	\$ 27,000.00	\$ 44,074.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 20,042.52	\$ 20,042.52
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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 MIC LOIACONO	Date 10/02/00
Signature of Treasurer	

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

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

(revised 1/1/91)

NAME OF COMMITTEE MCKESSON HROE INC EMPLOYEES POLITICAL FD		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. Individual/Persons Other Than Political Committees		7,361.92	17,636.90
i. Itemized (use Schedule A)		2,689.75	11,365.20
ii. Unitemized			
iii. Total	(add i and ii) >	10,051.67	29,002.10
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions	(add a iii, b and c) >	10,051.67	29,002.10
12. Transfers From Affiliated/Other Party Committees		0.00	0.00
13. All Loans Received		0.00	0.00
14. Loan Repayments Received		0.00	0.00
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates & Other Political Committees		0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)		553.36	1,309.55
18. Transfers from Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	10,605.03	30,311.65
20. Total Federal Receipts	(subtract line 18 from line 19) >	10,605.03	30,311.65
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
i. Federal Share		0.00	0.00
ii. Non-Federal Share		0.00	74.00
b. Other Federal Operating Expenditures		0.00	74.00
c. Total Operating Expenditures	(add a i, a ii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees		27,000.00	44,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		0.00	0.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d))(use Schedule F)		0.00	0.00
26. Loan Repayments Made		0.00	0.00
27. Loans Made		0.00	0.00
28. Refunds of Contributions To:		0.00	0.00
a. Individual/Persons Other Than Political Committees		0.00	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contribution Refunds	(add a, b and c) >	0.00	0.00
29. Other Disbursements		27,000.00	44,074.00
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	27,000.00	44,074.00
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		10,051.67	29,002.10
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)		10,051.67	29,002.10
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	0.00	74.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures	(subtract line 36 from 35) >	0.00	74.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11A1

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)

MCKESSON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD ARDOIN 955 LONGBRIDGE RD. OAK, CA 94610	MCKESSON HBOC, INC.	09/12/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation ASSOCIATED GENERAL COUNSEL	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM HARRINGER 1109 S. LAKE DR. HOWI, MI 48177	MCKESSON HBOC, INC.	07/19/00 09/12/00 09/29/00	30.00 40.00 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation V.P.	Aggregate Year-to-Date > \$ 220.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SAMUEL C. BEAM 5708 GARRETT DRIVE PLANO, TX 75093	MCKESSON HBOC, INC.	07/12/00 09/12/00	50.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation VP, BPI	Aggregate Year-to-Date > \$ 540.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT BURKE 41905 CONNER CREEK CT. CANTON, MI 48187	MCKESSON HBOC PHARMACY SYSTEMS	07/19/00 09/12/00 09/29/00	30.00 40.00 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation DIRECTOR, PRODUCT SVCS	Aggregate Year-to-Date > \$ 220.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEWIS BURTON 9775 MCCLUMPKA PLYMOUTH, MI 48170	MCKESSON HBOC PHARMACY SYSTEMS	07/19/00 09/12/00 09/29/00	30.00 40.00 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation VP, FIN'L BUSINESS SVCS	Aggregate Year-to-Date > \$ 220.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOE D'ALESSIO P.O. BOX 139 ROSS, CA 94957	MCKESSON HBOC, INC.	08/25/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation SVP, CUSTOMER OPERATIONS	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL T. DALEY 500 MICHIGAN AVENUE BERKELEY, CA 94707	MCKESSON HBOC, INC.	07/12/00	76.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation VP, STRATEGIC PLANNING	Aggregate Year-to-Date > \$ 876.90	
SUBTOTAL of Receipts This Page (optical)			1,236.92

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

MCKESSON HBDC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONNA DRAHER 531 LOS PALMOS DR. SAN FRANCISCO, CA 94137	MCKESSON HBDC, INC.	07/21/00	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation SR. DIRECTOR	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOM W. GEORGE 3206 STONEGATE LANE ALAMO, CA 94507	MCKESSON HBDC, INC.	07/12/00 09/12/00	150.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation SR. VP. BUS. DEV. & PRM.	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT J. CLASER 813 PUGH ROAD WAYNE, PA 19087	MCKESSON HBDC, INC	07/12/00 09/12/00	150.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation PRESIDENT PHARM. SERVICES	Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM GRAMER 108 BEALE ST. APT. 1218 SAN FRANCISCO, CA 94104	MCKESSON HBDC, INC.	07/12/00 09/12/00	300.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CPD/CORPORATE/SAN FRANCISCO	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM G. HAMM 2001 BUTTERFIELD RD. DOWNER'S GROVE, IL 60515	MCKESSON HBDC, INC.	07/12/00 09/12/00	90.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation SR. VP. CENTRAL REGION	Aggregate Year-to-Date > \$ 540.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN W. HAMMERGRAN 10 WINDING LANE ORINDA, CA 94063	MCKESSON HBDC, INC.	07/12/00 09/12/00	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD J. HERNANDEZ 9900 COLONNADE TRAIL ALPHARETTA, GA 30022	MCKESSON HBDC, INC.	07/11/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation PRESIDENT, CORP. SOLUTIONS GROUP	Aggregate Year-to-Date > \$ 500.00	

2,250.00

SUBTOTAL of Receipts This Page (optional)

FINANCIAL

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 3 OF 5
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

MCKESSON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY JOHNSON 4409 HAMPTON ROYAL OAK, MI 48073	MCKESSON HBOC PHARMACY SYS	07/19/00 08/12/00 09/29/00	30.00 40.00 20.00
	Occupation VP, PRODUCT SUPPLY SVCS	Aggregate Year-to-Date > \$ 230.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY FOSTER 3914 WERRICK DEARBORN HEIGHTS, MI 48125	MCKESSON HBOC, INC.	07/19/00 08/12/00 09/29/00	30.00 40.00 20.00
	Occupation VICE PRESIDENT PHARMACY SYS.	Aggregate Year-to-Date > \$ 220.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GRAHAM KING 745 CLEVELAND HINSDALE, IL 60510	MCKESSON HBOC, INC.	08/24/00	500.00
	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NICHOLAS A. LOLACONO P.O. BOX 192953 SAN FRANCISCO, CA 94119	MCKESSON HBOC, INC.	07/12/00 09/12/00	150.00 100.00
	Occupation VP - FINANCE	Aggregate Year-to-Date > \$ 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID L. MADONEY 60 21ST AVENUE SAN FRANCISCO, CA 94121	MCKESSON HBOC, INC.	07/12/00 09/12/00	525.00 350.00
	Occupation CEO	Aggregate Year-to-Date > \$ 3,150.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK T. MAJESKI 503 HIGGORN ROAD APT 101 WADSVILLE, IL 60540	MCKESSON HBOC, INC.	07/12/00	60.00
	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 320.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT MCNEILL 1267 GULPHI CREEK DRIVE RADNOR, PA 19087	MCKESSON HBOC, INC.	07/14/00	250.00
	Occupation GROUP PRESIDENT	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
SUBTOTAL of Receipts This Page (optional)			2,115.00

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 5
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)

MCKESSON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IVAN D. MEYERSON 1509 LA LOMA AVENUE BERKELEY, CA 94708	MCKESSON HBOC, INC.	07/12/00 09/12/00	120.00 80.00
	Occupation VP & GENERAL COUNCIL	Aggregate Year-to-Date > \$ 730.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
B. Full Name, Mailing Address and ZIP Code CLAUDIA R. HENBOLD 402 FRENCH COURT MENLO PARK, CA 94025	MCKESSON HBOC, INC.	07/12/00 09/12/00	90.00 60.00
	Occupation STAFF VP, TAXES	Aggregate Year-to-Date > \$ 570.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
C. Full Name, Mailing Address and ZIP Code JAMES R. PERKINS 5435 EDGEWOLLOU PLACE DALLAS, TX 75207	MCKESSON HBOC, INC.	07/12/00 09/12/00	90.00 60.00
	Occupation SR. VP, PROCUREMENT	Aggregate Year-to-Date > \$ 540.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
D. Full Name, Mailing Address and ZIP Code GARY SKELTON 27721 SOMERSET LN. SAN JUAN CAPISTRANO, CA 92675	MCKESSON HBOC, INC.	07/12/00	500.00
	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
E. Full Name, Mailing Address and ZIP Code VINCENT D. TIGHE 20 PARLIAMENT COURT GETTSVILLE, NY 14068	MCKESSON HBOC, INC.	07/12/00 09/12/00	60.00 40.00
	Occupation VP, SALES	Aggregate Year-to-Date > \$ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
F. Full Name, Mailing Address and ZIP Code DONALD G. WALKER 5459 SHOULDER CANYON CT. CASTRO VALLEY, CA 94552	MCKESSON HBOC, INC.	07/12/00 09/12/00	120.00 80.00
	Occupation SR. VP, DIST. OPS	Aggregate Year-to-Date > \$ 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
G. Full Name, Mailing Address and ZIP Code TIM WARNER 13800 THORNTON PLACE LOB ALTOS, CA 94023	MCKESSON HBOC, INC.	07/12/00 09/12/00	60.00 40.00
	Occupation EXECUTIVE VICE PRESIDENT	Aggregate Year-to-Date > \$ 360.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
SUBTOTAL of Receipts This Page (optional)			1,400.00

FORM 101

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
MCKESSON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN G. WEIR 3157 JACKSON ST. SAN FRANCISCO, CA 94115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	MCKESSON HBOC, INC.	08/01/00	300.00
	Occupation VP ORGANISATIONAL EFFECTIVENESS		
	Aggregate Year-to-Date > \$ 300.00		
B. 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:			
	Occupation		
	Aggregate Year-to-Date > \$		
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:			
	Occupation		
	Aggregate Year-to-Date > \$		
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:			
	Occupation		
	Aggregate Year-to-Date > \$		
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:			
	Occupation		
	Aggregate Year-to-Date > \$		
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:			
	Occupation		
	Aggregate Year-to-Date > \$		
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:			
	Occupation		
	Aggregate Year-to-Date > \$		
SUBTOTAL of Receipts This Page (optional)			300.00
TOTAL this Period (last page this line number only)			7,361.92

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
MCKESSON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code COMERICA BANK P.O. BOX 75000 DETROIT, MI 48275-2250	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	07/03/00	188.66
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: JUNE INTEREST INCOME		Aggregate Year-to-Date > \$ 1,267.96
B. Full Name, Mailing Address and ZIP Code COMERICA BANK P.O. BOX 75000 DETROIT, MI 48275-2250	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	08/01/00	174.82
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: JULY INTEREST INCOME		Aggregate Year-to-Date > \$ 1,267.96
C. Full Name, Mailing Address and ZIP Code COMERICA BANK P.O. BOX 75000 DETROIT, MI 48275-2250	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	09/01/00	162.13
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: AUGUST INTEREST INCOME		Aggregate Year-to-Date > \$ 1,267.96
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:		Aggregate Year-to-Date > \$
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:		Aggregate Year-to-Date > \$
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:		Aggregate Year-to-Date > \$
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:		Aggregate Year-to-Date > \$
SUBTOTAL of Receipts This Page (optional)			525.61
TOTAL This Period (last page this line number only)			525.61

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)
MCKESSON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
RE-ELECT BRIAN BILBRAY FOR CONGRESS 970 SEACREST DRIVE #7 IMPERIAL BEACH, CA 91932	BRIAN BILBRAY U S HOUSE CA049 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/27/00	1,000.00
CUMMERS FOR CONGRESS 5339 PROSPECT ROAD #151 SAN JOSE, CA 95129	JAMES CUMMERS U S HOUSE CA015 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/27/00	3,000.00
DODLEY FOR CONGRESS COMMITTEE 7176 N. PROSPECT AVE. FREMONT, CA 94711	CALVIN DODLEY U S HOUSE CA020 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/27/00	2,000.00
BUCK MCKESSON FOR CONGRESS 27225 CAMP PLENTY ROAD SANTA CLARITA, CA 91351	HOWARD "BUCK" MCKESSON U S HOUSE CA025 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/27/00	500.00
MAROLITANO FOR CONGRESS P.O. BOX 408 NORWALK, CA 90651	GRACE MAROLITANO U S HOUSE CA024 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/27/00	1,000.00
DOUG GEE FOR CONGRESS 9250 BELAIR WAY BLK GROVE, CA 95758	DOUG GEE U S HOUSE CA003 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	08/22/00	1,000.00
NANCY PELOSI FOR CONGRESS ONE BUSH STREET 11TH FLOOR SAN FRANCISCO, CA 94104	NANCY PELOSI U S HOUSE CA008 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/28/00	1,000.00
ROGAN FOR CONGRESS P.O. BOX 36 MONROVIE, CA 91021	JAMES E. ROGAN U S HOUSE CA027 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/27/00	1,000.00
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:	Date (month, day, year)	Amount of Each Disbursement this Period

10,500.00

SUBTOTAL of Disbursements This Page (optional)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

MCKESSON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
GEORGIANS FOR ISAACSON P.O. BOX 71955 MARIETTA, GA 30037	JOHNNY ISAACSON U S HOUSE GA006 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	08/22/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
SELL MILLER FOR SENATE 100 SPRING STREET, #410 ATLANTA, GA 30309	SELL MILLER U S SENATE GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/28/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		

SUBTOTAL of Disbursements This Page (optional)

2,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 10

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

MCKESSON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ANNE WORTHUP FOR CONGRESS P.O. BOX 7313 LOUISVILLE, KY 40257	ANNE WORTHUP U S HOUSE KY003 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	07/28/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		

SUBTOTAL of Disbursements This Page (optional)

1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 10
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

NICKESON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
WELSON 2000 1915 SOUTH 121 ST STREET SUITE B OMAHA, NE 68154	B. BENJAMIN WELSON U S SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/27/00	1,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

1,000.00

SUBTOTAL of Disbursements this Page (optional)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 10

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

MCKESSON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BOB FRANKS FOR U.S. SENATE P.O. BOX 497 NEW PROVIDENCE, NJ 07974	BOB FRANKS U S SENATE NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	08/27/00	3,000.00
ZIMMER 2000 P.O. BOX 6888 LAWRENCEVILLE, NJ 08648	DICE ZIMMER U S HOUSE NJ012 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	08/10/00	2,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			5,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 10

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

MCKESSON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ROBSON FOR CONGRESS 82 WEST COLUMBIA STREET SPRINGFIELD, OH 45503	DAVID ROBSON U S HOUSE OR007 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	07/12/00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements this Page (optional)			1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 10

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

WICKESON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
SPENCE FOR CONGRESS P.O. BOX 1475 COLUMBIA, SC 29202	FLOYD SPENCE U S HOUSE SC002 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	09/27/00	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

7/28/01

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 10

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

MCKESSON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
HATCH ELECTION COMMITTEE P.O. BOX 3636 SALT LAKE CITY, UT 84110	GERRI HATCH U S SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	08/04/00	2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

2,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 10
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

MCKESSON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
CANTOR FOR CONGRESS P.O. BOX 28537 ROAD #5 RICHMOND, VA 23128	ERIC CANTOR D B ROBBE VAD07 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	08/22/00	1,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 10 OF 10

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

MCKESSON HBOC INC EMPLOYEES POLITICAL FD

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS FOR SLADE GORTON P.O. BOX 334B BELLEVUE, WA 98009	SLADE GORTON U S SENATE WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other:	08/29/00	2,000.00
NETHERCUTT FOR CONGRESS P.O. BOX 1925 SPOKANE, WA 99210	GEORGE NETHERCUTT U S HOUSE WA005 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other:	09/15/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			3,000.00
TOTAL This Period (last page this line number only)			27,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10/16/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
30 PREPARER	10/16/00 DATE PREPARED