

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
D. C. Friends of Bill Clay

ADDRESS (number and street) Check if different than previously reported.
P. O. Box 1830

CITY, STATE and ZIP CODE STATE/DISTRICT
Washington, D. C. 20013

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER
080870 2000 APR 19 12:35

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

July 15 Quarterly Report 30-Day Post-Election Report following the General Election
on _____ in the State of _____

October 15 Quarterly Report Termination Report

January 31 Year End Report

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

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/00</u> through <u>3/31/00</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	-0-	-0-
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	-0-	-0-
7. Net Operating Expenditures	14,551.49	14,551.49
(a) Total Operating Expenditures (from Line 17)		
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	-0-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	14,551.49	14,551.49
8. Cash on Hand at Close of Reporting Period (from Line 27)	44,896.06	
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
898 E Street, NW
Washington, DC 20463
Toll Free 800-424-9560
Local 202-694-1100

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
Harriet Pritchett Grigsby

Signature of Treasurer: *Harriet Pritchett Grigsby* Date: April 13, 2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9437g.

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FEC FORM 3
(revised 4/97)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In Full) D. C. Friends of Bill Clay	Report Covering the Period:	
	From: 1/1/00	To: 3/31/00
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)		
(ii) Unitemized		
(ii) Total of contributions from individuals	-0-	-0-
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(ii), (b), (c) and (d))	-0-	-0-
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	-0-	-0-
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))	-0-	-0-
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	-0-	-0-
15. OTHER RECEIPTS (Dividends, Interest, etc.)	449.14	449.14
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	449.14	449.14
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	14,551.49	14,551.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	1,000.00	1,000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	-0-	-0-
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	-0-	-0-
21. OTHER DISBURSEMENTS	3,230.00	3,230.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	18,781.49	18,781.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 63,228.41
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 449.14
25. SUBTOTAL (add Line 23 and Line 24)	\$ 63,677.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 18,781.49
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 44,896.06

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)
D. C. Friends of Bill Clay

<p>A. Full Name, Mailing Address and ZIP Code Cong. Federal Credit Union P. O. Box 23267 Washington, D. C. 20026</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Interest Income</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 5</p>	<p>Date (month, day, year) 3/31/00</p>	<p>Amount of Each Receipt this Period 449.14</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 5</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 5</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 5</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 5</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 5</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > 5</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	
<p>TOTAL This Period (last page this line number only)</p>	<p>449.14</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

D. C. Friends of Bill Clay

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VISA Connelly's Restaurant 5900 Natural Bridge St. Louis, Mo. 63120	Dinner with constituents Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/3/00	262.55
B. Full Name, Mailing Address and ZIP Code Ford Motor Credit Co. P. O. Box 88306 Chicago, Ill. 60680	Purpose of Disbursement Automobile lease (Dec. & Jan.) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/5/00	1,504.97
C. Full Name, Mailing Address and ZIP Code The Congressional Club 2001 New Hampshire Ave., NW Washington, D. C. 20009	Purpose of Disbursement Deposit for event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/11/00	100.00
D. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy Street, SE Washington, D. C. 20003	Purpose of Disbursement Club charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/12/00	53.44
E. Full Name, Mailing Address and ZIP Code U. S. Postmaster Rayburn Building Washington, D. C. 20515	Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/15/00	66.00
F. Full Name, Mailing Address and ZIP Code U. S. Postmaster National Capital Station Washington, D. C. 20013	Purpose of Disbursement P. O. Box rental Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/18/00	27.00
G. Full Name, Mailing Address and ZIP Code Schneider's Liquors 300 Massachusetts Ave., NE Washington, D. C. 20002	Purpose of Disbursement Refreshments for constituents Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/28/00	142.50
H. Full Name, Mailing Address and ZIP Code VISA Trans World Air Lines P. O. Box 20363 Kansas City, Mo. 64194	Purpose of Disbursement Travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/1/00	174.80
I. Full Name, Mailing Address and ZIP Code Ford Motor Credit Co. P. O. Box 88306 Chicago, Ill. 60680	Purpose of Disbursement Automobile lease Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/1/00	727.68

SUBTOTAL of Disbursements This Page (optional)

3,058.94

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use 9902094 Schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

D. C. Friends of Bill Clay

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VISA Trattoria Marcella Restaurant 3600 Watson Road St. Louis, Mo. 63109	Dinner with constituents Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/3/00	250.79
VISA Timpano Restaurant 4450 River Road Rockville, Md. 20852	Dinner with constituents Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/3/00	240.28
American Express Schneider's Liquors 300 Massachusetts Ave., NE Washington, D. C. 20002	Refreshments for constituents Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/1/00	155.46
St. Louis Post Dispatch P. O. Box 28851 St. Louis, Mo. 63123	Subscription Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/2/00	167.40
David Andrukitis 50 E Street, SE Washington, D. C. 20013	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/2/00	272.00
VISA Wyndham Rosehall Hotel Montego Bay, Jamaica	Hotel accommodations Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/3/00	923.31
VISA Trans World Air Lines P. O. Box 20363 Kansas City, Mo. 64194	Air fare Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/3/00	188.19
VISA Marriott Hotel Pavilion One Broadway St. Louis, Mo.	Hotel accommodations Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/3/00	99.51
VISA P. O. Box 3322 Oakton, Virginia 22124	Finance charge Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/3/00	38.80

SUBTOTAL of Disbursements This Page (optional)

2,335.68

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

D. C. Friends of Bill Clay

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. Postmaster Rayburn Building Washington, D. C. 20515	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/8/00	5.00
B. Full Name, Mailing Address and ZIP Code Democratic Cong. Campaign Committee 40 Ivy Street, SE Washington, D. C. 20003	Purpose of Disbursement Dues Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/10/00	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy Street, SE Washington, D. C. 20003	Purpose of Disbursement Club charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/15/00	Amount of Each Disbursement This Period 31.52
D. Full Name, Mailing Address and ZIP Code William L. Clay 2306 Rayburn HOB Washington, D. C. 20515	Purpose of Disbursement Reimbursement for supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/15/00	Amount of Each Disbursement This Period 26.40
E. Full Name, Mailing Address and ZIP Code Ford Motor Credit Co. P. O. Box 88906 Chicago, Ill. 60680	Purpose of Disbursement Automobile lease Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/1/00	Amount of Each Disbursement This Period 727.68
F. Full Name, Mailing Address and ZIP Code U. S. Postmaster Rayburn Building Washington, D. C. 20515	Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/2/00	Amount of Each Disbursement This Period 165.00
G. Full Name, Mailing Address and ZIP Code U. S. Postmaster Rayburn Building Washington, D. C. 20515	Purpose of Disbursement Express mail Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/6/00	Amount of Each Disbursement This Period 71.24
H. Full Name, Mailing Address and ZIP Code Frederick C. Searcy 7118 Greenway St. Louis, Mo. 63121	Purpose of Disbursement Reimbursement for expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/7/00	Amount of Each Disbursement This Period 206.00
I. Full Name, Mailing Address and ZIP Code Internal Revenue Service Ogden, Utah 84201	Purpose of Disbursement Taxes - D. C. Friends of Bill Clay Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 3/13/00	Amount of Each Disbursement This Period 708.40

SUBTOTAL of Disbursements This Page (optional)

6,941.24

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

D. C. Friends of Bill Clay

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
William L. Clay 2306 Rayburn HOB Washington, D. C. 20515	Reimbursement for office supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/00	188.98
B. Full Name, Mailing Address and ZIP Code VISA Bristol's - Creve Coeur 11801 Olive Street Road St. Louis, Mo. 63141	Purpose of Disbursement Dinner with constituents Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/00	167.84
C. Full Name, Mailing Address and ZIP Code Internal Revenue Service Ogden, Utah 84201	Purpose of Disbursement Taxes - Clay Campaign Committee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/00	363.00
D. Full Name, Mailing Address and ZIP Code VISA Houston's Restaurant 12256 Rockville Pike Rockville, Md. 20852	Purpose of Disbursement Restaurant expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/00	86.60
E. Full Name, Mailing Address and ZIP Code VISA Old Ebbitt Grill 675 - 15th St., NW Washington, D. C. 20005	Purpose of Disbursement Restaurant expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/00	102.20
F. Full Name, Mailing Address and ZIP Code VISA P. O. Box 85350 Louisville, Kentucky 40285	Purpose of Disbursement Finance charge Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/00	39.68
G. Full Name, Mailing Address and ZIP Code VISA Buy Buy Baby 1683 Rockville Pike Rockville, Md. 20852	Purpose of Disbursement Gift for constituent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/00	107.06
H. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy Street, SE Washington, D. C. 20003	Purpose of Disbursement Club charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/00	38.07
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)

1,093.43

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 5
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

D. C. Friends of Bill Clay

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
VISA Safford Lincoln Mercury Rt. 29 & Briggs Chaney Rd. Silver Spring, Md. 20904	Repairs for leased automobile Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/00	364.45
VISA Peking Restaurant 15504 Old Columbia Pike Burtonsville, Md. 20866	Restaurant expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/00	168.84
VISA P. F. Chafins 4900 Bethesda Road Bethesda, Md. 21263	Restaurant expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/00	126.06
VISA P. O. Box 3322 Oakton, Virginia 22124	Finance charge Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/00	45.92
Schneider's Liquors 300 Massachusetts Ave., NE Washington, D. C. 20002	Refreshments for constituents Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/00	304.43
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)

1,009.70

TOTAL This Period (last page this line number only)

14,438.99

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 18

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NAME OF COMMITTEE (in Full)

D. C. Friends of Bill Clay

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Clay Campaign Committee 3011 N. Kingshighway St. Louis, Mo. 63115	Transfer Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/00	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 (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)

TOTAL This Period (last page this line number only)

1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 21

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)

D. C. Friends of Bill Clay

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Al Jones Scholarship Fund 1301 Delaware Suite 624 Washington, D. C. 20024	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/3/00	100.00
B. Full Name, Mailing Address and ZIP Code St. Louis Port Council 4581 Gravois Avenue St. Louis, Mo. 63116	Advertisement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/00	150.00
C. Full Name, Mailing Address and ZIP Code Vashon High School 715 S. Mason Road St. Louis, Mo. 63141	Advertisement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/00	75.00
D. Full Name, Mailing Address and ZIP Code William L. Clay St. Alphonsus Rock Church 1118 N. Grand St. Louis, Mo. 63106	Reimbursement for contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/00	100.00
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)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

D. C. Friends of Bill Clay

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
27th Ward Democratic Org. 6000 West Florissant St. Louis, Mo. 63136	Tickets for Fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/3/00	80.00
B. Full Name, Mailing Address and ZIP Code Mel Watt for Congress P. O. Box 36831 Charlotte, N. C. 28236	Purpose of Disbursement Federal contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/2/00	1,000.00
C. Full Name, Mailing Address and ZIP Code John Ewald for Congress P. O. Box 957 Mt. Airy, Md. 21771	Purpose of Disbursement Federal contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/15/00	50.00
D. Full Name, Mailing Address and ZIP Code Marvin McMickle for Senate 13855 Superior Road Suite 1903 East Cleveland, Ohio 44118	Purpose of Disbursement Non-federal contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/14/00	100.00
E. Full Name, Mailing Address and ZIP Code William L. Clay Mark O'Keefe for Governor 259 W. Front Street Missoula, Montana 59801	Purpose of Disbursement Non-federal contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/13/00	400.00
F. Full Name, Mailing Address and ZIP Code Citizens for Ron Klink 1108 S. Braddock Avenue Pittsburgh, Pa. 15218	Purpose of Disbursement Federal contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Missouri State Democratic Party P. O. Box 719 Jefferson City, Mo. 65102	Purpose of Disbursement Expenses for state convention Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/00	175.00
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)

2,805.00

TOTAL This Period (last page this line number only)

3,230.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
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JMB
PREPARER

4-18-02
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