

# REPORT OF RECEIPTS AND DISBURSEMENTS RECEIVED

For An Authorized Committee  
(Summary Page)

FEC MAIL ROOM

1. NAME OF COMMITTEE (In full)

1 2000 OCT 25 A 9 43

Kind for Congress Committee

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ADDRESS (number and street)  Check if different than previously reported.  
505 King St. Suite 105

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CITY, STATE and ZIP CODE STATE/DISTRICT  
La Crosse, WI 54601

2. FEC IDENTIFICATION NUMBER  
C00312D17

3. IS THIS REPORT AN AMENDMENT?  
 YES  NO

### 4. TYPE OF REPORT

- April 15 Quarterly Report  Twelfth day report preceding General  
(Type of Election)  
election on 11/07/2000 in the State of WI
- July 15 Quarterly Report  Thirtieth day 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>10/01/2000</u> through <u>10/18/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	32,600.00	304,473.89
(b) Total Contribution Refunds (From Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	32,600.00	304,473.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	108,697.30	245,865.02
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	108,697.30	245,865.02
8. Cash on Hand at Close of Reporting Period (from Line 27)	381,317.25	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
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  
Mary Jo Werner

Signature of Treasurer Date 10/20/00

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

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**Detailed Summary Page**  
of Receipts and Disbursements  
(Page 2, FEC FORM 3)

Name of Committee (in full) Kind for Congress Committee	Report Covering the Period: From: 10/01/2000 To: 10/18/2000	
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)	8,750.00	
(ii) Unitemized	2,400.00	
(iii) Total of contributions from individual	12,150.00	154,318.45
(b) Political Party Committees		905.44
(c) Other Political Committees (such as PACs)	20,450.00	149,250.00
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	32,600.00	304,473.89
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
15. OTHER RECEIPTS (Dividends, Interest, etc.)	2,242.91	11,242.08
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	34,842.91	315,715.97
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	108,697.30	245,865.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
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))		
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))		
21. OTHER DISBURSEMENTS	14,000.00	28,635.95
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	122,697.30	274,500.97
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		471,414.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		312,600.00
25. SUBTOTAL (add Line 23 and Line 24)		504,014.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		122,697.30
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		381,317.25

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the detailed summary page

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) Kind for Congress Committee			
<b>A. Full Name, Mailing Address and Zip Code</b> St Croix Tribal Council PO Box 287 Bertel, WI 54845-		<b>Name of Employer</b> Native American Tribe  <b>Occupation</b>	<b>Date (month, day, year)</b> 10/07/2000  <b>Amount of Each Receipt this Period</b> 1,000.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date -&gt;</b> 1,300.00	
<b>B. Full Name, Mailing Address and Zip Code</b> Patrick Coyne 800 Merion Square Rd. Gladwyne, PA 19035-1508		<b>Name of Employer</b>  <b>Occupation</b>	<b>Date (month, day, year)</b> 10/17/2000  <b>Amount of Each Receipt this Period</b> 100.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date -&gt;</b> 200.00	
<b>C. Full Name, Mailing Address and Zip Code</b> Josh Dorosin 4716 45th Street NW Washington, DC 20016-4409		<b>Name of Employer</b> US Department of State  <b>Occupation</b> Attorney	<b>Date (month, day, year)</b> 10/14/2000  <b>Amount of Each Receipt this Period</b> 250.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date -&gt;</b> 250.00	
<b>D. Full Name, Mailing Address and Zip Code</b> Judy Dorosin 230 El Pinar La Selva Beach, CA 95076		<b>Name of Employer</b>  <b>Occupation</b> Housewife	<b>Date (month, day, year)</b> 10/17/2000  <b>Amount of Each Receipt this Period</b> 500.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date -&gt;</b> 750.00	
<b>E. Full Name, Mailing Address and Zip Code</b> Tom Hanson 4701 Tonyawatha Trail Madison, WI 53716-		<b>Name of Employer</b> Hanson Service Corp.  <b>Occupation</b> Lobbyist	<b>Date (month, day, year)</b> 10/09/2000  <b>Amount of Each Receipt this Period</b> 500.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date -&gt;</b> 1,500.00	
<b>F. Full Name, Mailing Address and Zip Code</b> Thomas Hefty Blue Cross & Blue Shield 401 W Michigan Ave Milwaukee, WI 53203		<b>Name of Employer</b> Blue Cross Blue Shield  <b>Occupation</b> Chairman & CEO	<b>Date (month, day, year)</b> 10/16/2000  <b>Amount of Each Receipt this Period</b> 250.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date -&gt;</b> 250.00	
<b>G. Full Name, Mailing Address and Zip Code</b> Todd Holley 3670 Ruelle DeVille San Diego, CA 92130-		<b>Name of Employer</b> Voit Commercial Brokerage  <b>Occupation</b> Vice-President	<b>Date (month, day, year)</b> 10/18/2000  <b>Amount of Each Receipt this Period</b> 250.00
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Aggregate Year-to-Date -&gt;</b> 250.00	

<b>SUBTOTAL of Receipts This Page (optional)</b>	2,850.00
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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
**Kind for Congress Committee**

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grant Killgren 2957 N Prospect Ave Milwaukee, WI 53211	Michael Best Friedrich Occupation Attorney	10/18/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		250.00
B. Full Name, Mailing Address and Zip Code Barbara King 751 Linwood Ave. Saint Paul, MN 55105-	Medtronic, Inc. Occupation Marketing Director	10/12/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		250.00
C. Full Name, Mailing Address and Zip Code Donald Layden First Service Corp. 1200 North Mayfair Rd. Milwaukee, WI 53226-	First Service Corp. Occupation Executive	10/09/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		500.00
D. Full Name, Mailing Address and Zip Code Marvin Levy 321 Farwell Dr. Madison, WI 53704-	Phillips Distributing Corp. Occupation Executive Vice President	10/09/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		1,000.00
E. Full Name, Mailing Address and Zip Code David Meany 3601 North Hackett Ave. Milwaukee, WI 53211-	Michael Best Friedrich Occupation Attorney	10/18/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		250.00
F. Full Name, Mailing Address and Zip Code Morongo Band of Mission Indians PO Box 366 Cabazon, CA 92230-	Native American Tribe Occupation	10/07/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		2,000.00
G. Full Name, Mailing Address and Zip Code Jim Nagengast 7100 West Central Rd Omaha, NE 68106	Securities America Occupation Finance	10/13/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		250.00

**SUBTOTAL** of Receipts This Page (optional): 2,500.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
Kind for Congress Committee

<p><b>A. Full Name, Mailing Address and Zip Code</b> Bill O'Callahan 7 Deborah Lane Sterling, MA 01564-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Boston City Hospital</p> <p><b>Occupation</b> Physician</p> <p><b>Aggregate Year-to-Date -&gt;</b> 500.00</p>	<p><b>Date (month, day, year)</b> 10/18/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Aqua Caliente Band Of Cahuilla Indians 600 East Tahquitz Canyon Way Palm Springs, CA 92262-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Native American Tribe</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,000.00</p>	<p><b>Date (month, day, year)</b> 10/12/2000</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Nancy Peterson 2960 N Summit Ave Milwaukee, WI 53211</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Quarles &amp; Brady</p> <p><b>Occupation</b> Attorney</p> <p><b>Aggregate Year-to-Date -&gt;</b> 300.00</p>	<p><b>Date (month, day, year)</b> 10/12/2000</p>	<p><b>Amount of Each Receipt this Period</b> 300.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Forest County Potawatomi Community P.O. Box 340 Crandon, WI 54520-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Native American Tribe</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,000.00</p>	<p><b>Date (month, day, year)</b> 10/16/2000</p>	<p><b>Amount of Each Receipt this Period</b> 1,000.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b> Michael Remington 1031 N Edgewood St Arlington, VA 22201</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Drinker Biddle &amp; Reath LLP</p> <p><b>Occupation</b> Attorney</p> <p><b>Aggregate Year-to-Date -&gt;</b> 250.00</p>	<p><b>Date (month, day, year)</b> 10/11/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b> Larry Rosenthal Wheat &amp; Associates, LLC 1300 Pennsylvania Ave., N.W. Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Wheat &amp; Associates, LLC</p> <p><b>Occupation</b> Senior Vice President</p> <p><b>Aggregate Year-to-Date -&gt;</b> 500.00</p>	<p><b>Date (month, day, year)</b> 10/11/2000</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b> Jim Sieben 9349 Courtland Ct. Woodberry, MN 55125-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Health Billings Systems, LLP</p> <p><b>Occupation</b> Attorney</p> <p><b>Aggregate Year-to-Date -&gt;</b> 400.00</p>	<p><b>Date (month, day, year)</b> 10/18/2000</p>	<p><b>Amount of Each Receipt this Period</b> 150.00</p>

**SUBTOTAL of Receipts This Page (optional)** 2,950.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 4

FOR LINE NUMBER

11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
Kind for Congress Committee

A. Full Name, Mailing Address and Zip Code Dan Tate Cassidy & Associates 700 Thirteenth St. NW Washington, DC 20005-5917 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Cassidy & Associates Occupation Vice President Aggregate Year-to-Date -> 250.00	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Mashantucket Pequot Tribal Nation P.O. Box 3008 Ledyard, CT 06339-3008 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Native American Tribe Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 10/11/2000	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Ron Waterman 4802 Tabard Pl Annandale, VA 22003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Waterman & Assoc Occupation President Aggregate Year-to-Date -> 700.00	Date (month, day, year) 10/14/2000	Amount of Each Receipt this Period 700.00
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) / /	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) / /	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) / /	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) / /	Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) 1,450.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
Kind for Congress Committee

<b>A. Full Name, Mailing Address and Zip Code</b> American Speech-Language-Hearing Assoc 10801 Rockville Pike  Rockville, MD 20852- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> PAC  Occupation  Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/05/2003  500.00	<b>Amount of Each Receipt this Period</b> 500.00
<b>B. Full Name, Mailing Address and Zip Code</b> Assoc of Trial Lawyers of America PAC 1050 31st Street NW  Washington, DC 20007- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> PAC  Occupation  Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/16/2000  5,500.00	<b>Amount of Each Receipt this Period</b> 2,500.00
<b>C. Full Name, Mailing Address and Zip Code</b> BlueCross BlueShield United 401 W Michigan  Milwaukee, WI 53201- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> PAC  Occupation  Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/16/2000  250.00	<b>Amount of Each Receipt this Period</b> 250.00
<b>D. Full Name, Mailing Address and Zip Code</b> Credit Union Legislative Action Cmte 805 15th Street NW Suite 300 Washington, DC 20005- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> PAC  Occupation  Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/05/2000  500.00	<b>Amount of Each Receipt this Period</b> 500.00
<b>E. Full Name, Mailing Address and Zip Code</b> Dorsey National Fund 220 S 6th Street  Minneapolis, MN 55402- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> PAC  Occupation  Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/11/2000  500.00	<b>Amount of Each Receipt this Period</b> 500.00
<b>F. Full Name, Mailing Address and Zip Code</b> Internat'l Union of Operating Engineers 1125 17th Street NW  Washington, DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> PAC  Occupation  Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/13/2000  1,000.00	<b>Amount of Each Receipt this Period</b> 500.00
<b>G. Full Name, Mailing Address and Zip Code</b> Laborers Local 113 Political League 6310 W Appleton  Milwaukee, WI 53210- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> PAC  Occupation  Aggregate Year-to-Date ->	<b>Date (month, day, year)</b> 10/07/2003  5,000.00	<b>Amount of Each Receipt this Period</b> 2,500.00

<b>SUBTOTAL</b> of Receipts This Page (optional)	7,250.00
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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (In Full)**  
Kind for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nat'l Assoc of Beverage Retailors 5101 River Road Suite 106 Bethesda, MD 20816-	PAC Occupation	10/14/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	750.00	
B. Full Name, Mailing Address and Zip Code Nat'l Beer Wholesalers Assoc 1100 S Washington Alexandria, VA 22314-	PAC Occupation	10/18/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,500.00	
C. Full Name, Mailing Address and Zip Code SEIU COPE Fund 1313 L Street NW Washington, DC 20005-	PAC Occupation	10/18/2000	2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	6,500.00	
D. Full Name, Mailing Address and Zip Code Sheet Metal Workers Internat'l Union 1750 New York Avenue Washington, DC 20006-	PAC Occupation	10/05/2000	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	2,000.00	
E. Full Name, Mailing Address and Zip Code Sierra Club PAC 409 C Street NE Washington, DC 20002-	PAC Occupation	10/18/2000	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code UE Local 1111 PAC 939 South 2nd St. Milwaukee, WI 53204-1824	PAC Occupation	10/10/2000	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	100.00	
G. Full Name, Mailing Address and Zip Code United Food & Commercial Workers 1775 K Street Washington, DC 20006-	PAC Occupation	10/14/2000	2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	2,000.00	

**SUBTOTAL** of Receipts This Page (optional)

8,100.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
Kind for Congress Committee

<p>A. Full Name, Mailing Address and Zip Code SBC Communications Federal PAC 175 E Houston RM. 4-R-4 Ingram, TX 78025-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt; 4,500.00</p>	<p>Date (month, day, year) 10/17/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Microsoft Corporation PAC 16011 N.E. 36th Way Box 97017 Redmond, WA 98073-9717</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt; 2,000.00</p>	<p>Date (month, day, year) 10/07/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code KOCH Industries Inc. PAC 1450 G Street N.W. Suite 445 Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt; 2,000.00</p>	<p>Date (month, day, year) 10/09/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code National Air Traffic Controllers Assoc. 1325 Massachusetts Ave. N.W. Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer EAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt; 1,000.00</p>	<p>Date (month, day, year) 10/09/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code SunAmerica Inc. PAC 1 SunAmerica Ctr. Century City Los Angeles, CA 90067-6022</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer PAC</p> <p>Occupation</p> <p>Aggregate Year-to-Date -&gt; 1,000.00</p>	<p>Date (month, day, year) 10/17/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Citizens for Jack D. Franks Box 274 Woodstock, IL 60098</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer State of IL</p> <p>Occupation State Representative</p> <p>Aggregate Year-to-Date -&gt; 100.00</p>	<p>Date (month, day, year) 10/14/2000</p>	<p>Amount of Each Receipt this Period 100.00</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 -&gt;</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

**SUBTOTAL** of Receipts This Page (optional) 5,200.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the detailed Summary Page

PAGE 1 OF 5  
FOR LINE NUMBER 27

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 noncharitable purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**

Kind for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MacWilliams Cosgrove Smith Robinson 1150 17th Street NW Suite 604 Washington, DC 20036-	Production/Media Placement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/04/2000	17,240.78
MacWilliams Cosgrove Smith Robinson 1150 17th Street NW Suite 604 Washington, DC 20036-	Media Placement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/12/2000	35,725.50
MacWilliams Cosgrove Smith Robinson 1150 17th Street NW Suite 604 Washington, DC 20036-	Retainer, Reimbursement Phones Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/16/2000	1,332.13
MacWilliams Cosgrove Smith Robinson 1150 17th Street NW Suite 604 Washington, DC 20036-	Media Placement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/18/2000	41,451.46
Law Exchange Partnership 205 5th Ave. South Suite 600 La Crosse, WI 54601-	Rent Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/2000	206.88
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5520	UPS-Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/05/2000	14.17
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	UPS-Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/09/2000	58.72

**SUBTOTAL** of Disbursements This Page (optional)

96,029.64

**TOTAL** This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Kind for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Parcel Service P.O. Box 505820 The Lakes, NV 88905-5820	UPS-Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/16/2000	14.17
US Cellular P.O. Box 0203 Palatine, IL 60055-0203	Cellular Phone Bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/16/2000	123.12
CenturyTel P.O. Box 6000 Marion, LA 71260-6000	Phone Bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/05/2000	151.97
Northern States Power Co. P.O. Box 1147 Eau Claire, WI 54602-1147	Electric Bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/05/2000	20.32
Wisconsin Department of Revenue P.O. Box 8320 Madison, WI 53706-8920	3rd Qrt. payroll taxes Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/09/2000	203.00
CBS Graphics 72 Copeland Ave. La Crosse, WI 54603-	Copying Cost Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/05/2000	36.36
Sprint P.O. Box 650270 Dallas, TX 75265-0270	Long Distance Bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/05/2000	50.85

<b>SUBTOTAL</b> of Disbursements This Page (optional)	596.83
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the detailed Summary Page

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 candidate to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Kind for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wells Fargo Bank 305 5th Ave. South La Crosse, WI 54601-	941 4th Qtr. <i>payroll taxes</i>	10/01/2000	756.76
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Wells Fargo Bank 305 5th Ave. South La Crosse, WI 54601-	941 4th Qtr. <i>payroll taxes</i>	10/05/2000	1,118.09
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Advertising Concepts 1010 South 16th St. La Crosse, WI 54601-	Stickers	10/05/2000	224.18
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Bullfeathers 410 1st Street S.W. Washington, DC 20003-1819	ROOM, Food, and Drinks Expense	10/05/2000	1,536.00
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Eric Dick 415 King St. Apt. #809 La Crosse, WI 54601-	Salary	10/04/2000	2,028.11
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Eric Dick 415 King St. Apt. #909 La Crosse, WI 54601-	Mileage & Food Reimbursement	10/04/2000	151.00
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Eric Dick 415 King St. Apt. #809 La Crosse, WI 54601-	Mileage Reimbursement	10/16/2000	104.00
Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

**SUBTOTAL** of Disbursements This Page (optional)

5,918.15

**TOTAL** This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **4** OF **5**  
FOR LINE NUMBER **17**

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 principal contributor to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
Kind for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sherry Harper 1701 16th St. N.W. Apt. 225 Washington, DC 20009-	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/2000	230.87
Roz Kind 3061 Edgewater Lane La Crosse, WI 54603-	Gas Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/05/2000	78.64
Roz Kind 3061 Edgewater Lane La Crosse, WI 54603-	Gas Reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/16/2000	18.57
Jim Krueger 2028 Campbell Rd. La Crosse, WI 54601-	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/2000	841.50
Alan MacLeod 1392 West River Rd. Shady Side, MD 20764-	Reimbursements - travel, hotel, phone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/05/2000	1,943.12
Erik Olson 2028 Campbell Rd. La Crosse, WI 54601	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/01/2000	1,269.65
Erik Olson 2028 Campbell Rd. La Crosse, WI 54601	Reimbursement for Mileage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/04/2000	401.68

SUBTOTAL of Disbursements This Page (optional)

4,784.03

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

The separate schedule for each category of the detailed Summary Page

Any information reported from such Reports and Statements may not be used 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)**  
Kind for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Erik Olson 2028 Campbell Rd. La Crosse, WI 54601	Reimbursement for Supplies, Mileage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/2000	219.66
Erik Olson 2028 Campbell Rd. La Crosse, WI 54601	Reimbursement for Mileage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/2000	94.94
Don Salisbury E 2149 350th Ave Menomonie, WI 54751	Salary Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/14/2000	858.30
		/ /	
		/ /	
		/ /	
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		/ /	

<b>SUBTOTAL</b> of Disbursements This Page (optional)	1,172.90
<b>TOTAL</b> This Period (last page this line number only)	108,501.55

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Recalled Summary Page

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)  
Kind for Congress Committee

A. Full Name, Mailing Address and Zip Code River Bank 4401 Norman Coulee Rd. La Crosse, WI 54601- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INTEREST INCOME Occupation Bank Aggregate Year-to-Date ->	Date (month, day, year) 10/18/2000 Aggregate Year-to-Date ->	Amount of Each Receipt this Period 2,242.91
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 Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
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) / /	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) / /	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) / /	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) / /	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) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	2,242.91
Total of Recalled Receipts This Page (optional)	2,242.91

**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)**  
 Kind for Congress Committee

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional Campaign Cmmtt. 430 S Capital Street Washington, DC 20003-	Transfer of Excess Funds Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/04/2000	10,000.00
Democratic Party of Wisconsin 222 State St. Suite 400 Madison, WI 53703-	Transfer of Excess Funds Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/04/2000	4,000.00
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
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
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
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
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
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

<b>SUBTOTAL</b> of Disbursements This Page (optional)	14,000.00
<b>TOTAL</b> This Period (last page this line number only)	14,000.00

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10-28-00
<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	
 <i>Jes</i> PREPARER	 10-28-00 DATE PREPARED