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FEC  
FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

National Tour Association, Inc. TourPac

ADDRESS (number and street) 546 East Main Street

Check if different than previously reported (ACC) Lexington KY 40508

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 11038339

3. IS THIS REPORT NEW OR AMENDED  
 NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [ ] [ ] [ ] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 / 01 / 2001 through 06 / 30 / 2001

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 (Asst.) Robert E. Livesay

Signature of Treasurer

*Robert E. Livesay*

Date

07 / 24 / 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

Office Use Only

FEC FORM 3X  
(Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

**National Tour Association, Inc. FourPac**

Report Covering the Period:

From:

01 / 01 / 2001

To:

06 / 30 / 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2001		16,222.57
(b) Cash on Hand at Beginning of Reporting Period	16,222.57	
(c) Total Receipts (from Line 19)	7,939.93	7,939.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24,162.50	24,162.50
7. Total Disbursements (from Line 30)	10,506.00	10,506.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13,656.50	13,656.50
9. Debts and Obligations Owed TO the Committee (Itemize on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize on Schedule C and/or Schedule D)		

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20483

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

**National Tour Association, Inc. TourPac**

Report Covering the Period:

From:

**01** / **01** / **2001**

To:

**06** / **30** / **2001**

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	2,300.00	
(i) Itemized (use Schedule A)		
(ii) Unitemized	5,590.00	
(b) TOTAL (add Lines 11(a)(i) and (ii))	7,890.00	7,890.00
(c) Political Party Committees		
(d) Other Political Committees (such as PACs)		
(e) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Total to Line 32, page 4)	7,890.00	7,890.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.) <b>Interest</b>	49.93	49.93
18. Transfers From Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	7,939.93	7,939.93
20. Total Federal Receipts (subtract Line 18 from Line 19)	7,939.93	7,939.93

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	10,500.00	10,500.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. 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 Lines 28(a), (b), and (c)) .....		
29. Other Disbursements <b>Bank Fee</b> .....	6.00	6.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	10,506.00	10,506.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) .....	10,506.00	10,506.00

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7,890.00	7,890.00
33. Total Contribution Refunds (from Line 28(d)) .....		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	7,890.00	7,890.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
36. Offsets to Operating Expenditures (from Line 16, page 3) .....		
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....		

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 3	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

Any information copied from each Report and Statement 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)  
**National Tour Association, Inc. TourPac**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen Letarte**

Mailing Address  
**1711 Little Drive**

City **Horton** State **MI** Zip Code **49246**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **New Horizons Tour & Travel** Occupation: **President/CBO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt: **01 / 22 / 2001**

Amount of Each Receipt this Period:  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Lois Steliga**

Mailing Address  
**N55 W 15827 Lavender Lilac Lane**

City **Menomonee Falls** State **WI** Zip Code **53051**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Travel America, Inc.** Occupation: **President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt: **01 / 22 / 2001**

Amount of Each Receipt this Period:  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**Lois Steliga**

Mailing Address  
**N55 W 15827 Lavender Lilac Lane**

City **Menomonee Falls** State **WI** Zip Code **53051**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **Travel America, Inc.** Occupation: **President**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt: **03 / 25 / 2001**

Amount of Each Receipt this Period:  
**100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **550.00**

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 3		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)  
**National Tour Association, Inc. TourPac**

Full Name (Last, First, Middle Initial) <b>A. Robert E. MacIn, III</b>		Date of Receipt <b>04 / 10 / 2001</b>
Mailing Address <b>3144 Warrenwood Wynd</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Lexington</b>	State Zip Code <b>KY 40502</b>	
FEC ID number of contributing federal political committee <b>C</b>		Aggregate Year-to-Date <b>250.00</b>
Name of Employer <b>Gess, Mattingly &amp; Atchison,</b>	Occupation <b>Attorney</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>PSC</b>	

Full Name (Last, First, Middle Initial) <b>B. Timothy J. Worthen</b>		Date of Receipt <b>05 / 09 / 2001</b>
Mailing Address <b>2207 Spenard Road #100</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Anchorage</b>	State Zip Code <b>AK 99503</b>	
FEC ID number of contributing federal political committee <b>C</b>		Aggregate Year-to-Date <b>250.00</b>
Name of Employer <b>Premier Alaska Tours</b>	Occupation <b>CEO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Larry M. Hilts</b>		Date of Receipt <b>05 / 15 / 2001</b>
Mailing Address <b>35 Country Lane</b>		Amount of Each Receipt this Period <b>500.00</b>
City <b>Oneonta</b>	State Zip Code <b>NY 13820</b>	
FEC ID number of contributing federal political committee <b>C</b>		Aggregate Year-to-Date <b>500.00</b>
Name of Employer <b>Eastern Travel</b>	Occupation <b>President</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 3 OF 3	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)  
**National Tour Association, Inc. TourPac**

A. Full Name (Last, First, Middle Initial) <b>Keith Griffall</b>		Date of Receipt <b>01 / 21 / 2001</b>	
Mailing Address <b>1172 Brickyard Road, Suite 200</b>		Amount of Each Receipt This Period <b>500.00</b>	
City <b>Salt Lake City</b>	State <b>UT</b>	Zip Code <b>84106</b>	
FEC ID number of contributing federal political committee <b>C</b>			
Name of Employer <b>Western Leisure, Inc.</b>		Occupation <b>CEO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>500.00</b>	

B. Full Name (Last, First, Middle Initial) <b>Karen Pitcherello</b>		Date of Receipt <b>01 / 21 / 2001</b>	
Mailing Address <b>34 West Gore Street</b>		Amount of Each Receipt This Period <b>250.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32806</b>	
FEC ID number of contributing federal political committee <b>C</b>			
Name of Employer <b>Mears Transportation Group</b>		Occupation <b>Direct Travel Industry Sales</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>250.00</b>	

C. Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee <b>C</b>			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	<b>2,300.00</b>
TOTAL This Period (last page this line number only)	<b>2,300.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)							PAGE 1 OF 5
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 28	
	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29		

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NAME OF COMMITTEE (In Full)  
**National Tour Association, Inc. TourPac**

Full Name (Last, First, Middle Initial)  
**A. Nethercutt For Congress**

Date of Disbursement  
**01 / 19 / 2001**

Mailing Address  
**P.O. Box 1925**

City **Spokane** State **WA** Zip Code **99210**

Purpose of Disbursement  
**011**

Candidate Name  
**George Nethercutt**

Office Sought:  House  Senate  President  
State: **WA** District: **5th**

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. J.D. Hayworth for Congress**

Date of Disbursement  
**03 / 19 / 2001**

Mailing Address  
**4451 Brookfield Corporate Dr., Suite 200**

City **Chantilly** State **VA** Zip Code **20151**

Purpose of Disbursement  
**011**

Candidate Name  
**J.D. Hayworth**

Office Sought:  House  Senate  President  
State: **AZ** District: **6th**

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period  
**1,000.00**

Full Name (Last, First, Middle Initial)  
**C. Friends of Radanovich**

Date of Disbursement  
**04 / 06 / 2001**

Mailing Address  
**123 Cannon**

City **Washington** State **DC** Zip Code **20515**

Purpose of Disbursement  
**011**

Candidate Name  
**George Radanovich**

Office Sought:  House  Senate  President  
State: **CA** District: **19th**

Disbursement For:  Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period  
**500.00**

SUBTOTAL of Disbursements This Page (optional) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 5
	<input type="checkbox"/> 21a <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29	

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NAME OF COMMITTEE (In Full)  
National Tour Association, Inc. TourPac

**A. Friends of Jim Oberstar**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 04 / 06 / 2001

Mailing Address  
2365 Rayburn House Office Bldg.

City: Washington State: DC Zip Code: 20515

Purpose of Disbursement: 011  
Amount of Each Disbursement this Period: 1,000.00

Candidate Name: Jim Oberstar  
Category/Type: 011

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: MN District: 8th

**B. Elect Maloney to Congress**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 04 / 17 / 2001

Mailing Address  
1427 Longworth House Office Bldg.

City: Washington State: DC Zip Code: 20515

Purpose of Disbursement: 011  
Amount of Each Disbursement this Period: 500.00

Candidate Name: Jim Maloney  
Category/Type: 011

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: CT District: 5th

**C. Re-elect Nancy Johnson to Congress**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 04 / 17 / 2001

Mailing Address  
2113 Rayburn House Office Bldg.

City: Washington State: DC Zip Code: 20515

Purpose of Disbursement: 011  
Amount of Each Disbursement this Period: 1,000.00

Candidate Name: Nancy Johnson  
Category/Type: 011

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: CT District: 6th

SUBTOTAL of Disbursements This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 3 OF 5
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 28 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29	

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NAME OF COMMITTEE (In Full)  
**National Tour Association, Inc. TourPac**

Full Name (Last, First, Middle Initial) <b>A. Simpson for Congress</b>		Date of Disbursement MM / DD / YYYY <b>04 / 17 / 2001</b>
Mailing Address <b>P.O. Box 1541</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>Boise</b>	State ID    Zip Code <b>ID    83701</b>	
Purpose of Disbursement		Category/Type <b>011</b>
Candidate Name <b>Mike Simpson</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>ID</b> District: <b>2nd</b>		

Full Name (Last, First, Middle Initial) <b>B. Tim Johnson for South Dakota</b>		Date of Disbursement MM / DD / YYYY <b>05 / 02 / 2001</b>
Mailing Address <b>324 Hart Senate Office Bldg.</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>Washington</b>	State DC    Zip Code <b>DC    20510</b>	
Purpose of Disbursement		Category/Type <b>011</b>
Candidate Name <b>Tim Johnson</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>SD</b> District:		

Full Name (Last, First, Middle Initial) <b>C. Duncan for Congress</b>		Date of Disbursement MM / DD / YYYY <b>05 / 02 / 2001</b>
Mailing Address <b>2400 Rayburn House Office Bldg.</b>		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>Washington</b>	State DC    Zip Code <b>DC    20515</b>	
Purpose of Disbursement		Category/Type <b>011</b>
Candidate Name <b>John J. Duncan, Jr.</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>TN</b> District: <b>2nd</b>		

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 4 OF 5
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29	

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NAME OF COMMITTEE (In Full)  
National Tour Association, Inc. TourPac

**A. Bill Thomas Campaign Committee**

Full Name (Last, First, Middle Initial)  
Bill Thomas Campaign Committee

Date of Disbursement  
05 / 02 / 2001

Mailing Address  
P.O. Box 395

City Bakersfield State CA Zip Code 93302

Amount of Each Disbursement this Period  
1,000.00

Purpose of Disbursement  
011

Candidate Name  
Bill Thomas

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: CA District: 21st

**B. Friends of Farr**

Full Name (Last, First, Middle Initial)  
Friends of Farr

Date of Disbursement  
05 / 11 / 2001

Mailing Address  
301 4th Street, N.E.

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period  
1,000.00

Purpose of Disbursement  
011

Candidate Name  
San Farr

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: CA District: 17th

**C. Friends of Inouye**

Full Name (Last, First, Middle Initial)  
Friends of Inouye

Date of Disbursement  
05 / 12 / 2001

Mailing Address  
Hart 722

City Washington State DC Zip Code 20510

Amount of Each Disbursement this Period  
1,000.00

Purpose of Disbursement  
011

Candidate Name  
Daniel K. Inouye

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: HI District:

SUBTOTAL of Disbursements This Page (optional) \_\_\_\_\_

TOTAL This Period (last page this line number only) \_\_\_\_\_

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 5		
	<input type="checkbox"/> 21b 25	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 25 28c

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NAME OF COMMITTEE (In Full)  
National Tour Association, Inc. TourPac

Full Name (Last, First, Middle Initial) <b>A. Tom Davis for Congress</b>		Date of Disbursement 06 / 11 / 2001
Mailing Address 306 Cannon		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20515		Category/ Type 011
Purpose of Disbursement		
Candidate Name Thomas M. Davis III		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA	District: 11th	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	10,500.00

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
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-26-01
<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
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<input type="checkbox"/> Electronic Filing	
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