

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB 22 A 9:12

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) John T. Doolittle for Congress		2. FEC IDENTIFICATION NUMBER 0024768
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 400 Capitol Mall, Suite 1560		
CITY, STATE and ZIP CODE Sacramento CA 95814	STATE/DISTRICT CA/4	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

April 15 Quarterly Report

12-Day Pre-Election Report for the primary (Type of Election)
election on 3/7/2000 in the State of CA

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

30-Day Post-Election Report for the _____ (Type of Election)
election on _____ in the State of _____

Termination Report

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>1/1/2000</u> through <u>2/16/2000</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	4,672.00	4,672.00
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	4,672.00	4,672.00
7. Net Operating Expenditures	15,063.24	15,063.24
(a) Total Operating Expenditures (from Line 17)		
(b) Total Offsets to Operating Expenditures (from Line 14)	1,000.00	1,000.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	14,063.24	14,063.24
8. Cash on Hand at Close of Reporting Period (from Line 27)	122,590.73	
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 G and/or Schedule D)		

For further information contact:
Federal Election Commission
899 E Street, NW
Washington, DC 20469
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 David Bauer	Date 2/21/2000
Signature of Treasurer <i>David Bauer</i>	

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

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FEC FORM 3
(revised 4/87)

DETAILED SUMMARY PAGE

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

Name of Committee (In Full) John T. Doolittle for Congress	Report Covering the Period: From: 1/1/2000 To: 2/16/2000	
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(b) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	1,900.00	
(ii) Unitemized -----	2,272.00	
(iia) Total of contributions from individuals -----	4,172.00	4,172.00
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----	500.00	500.00
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	4,672.00	4,672.00
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.) -----	1,000.00	1,000.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	179.08	179.08
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	5,851.08	5,851.08
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	15,063.24	15,063.24
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 -----	1,000.00	1,000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	16,063.24	16,063.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 132,802.89	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 5,851.08	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 138,653.97	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 16,063.24	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 122,590.73	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(1)

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

NAME OF COMMITTEE (IN FULL)

JOHN T. DOOLITTLE FOR CONGRESS

Full Name, Mailing Address and ZIP Code HALL SUSAN 6940 EASTSIDE COURT Orangevale CA 95662	Name of Employer NONE Occupation HOUSEWIFE	Date (month, day, year) 1/20/00	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-date 200.00	
Full Name, Mailing Address and ZIP Code GREENE JOHN 3340 COTHRIN RANCH ROAD Shingle Springs CA 95682	Name of Employer RIVER CITY RENTALS Occupation OWNER	Date (month, day, year) 1/20/00	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-date 500.00	
Full Name, Mailing Address and ZIP Code HIGGINS JAMES 12225 LAKESHORE DR. Auburn CA 95602	Name of Employer Occupation RETIRED	Date (month, day, year) 1/20/00	Amount of Each Receipt this Period 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-date 200.00	
Full Name, Mailing Address and ZIP Code GRUPE JR. GREENLAW 3000 W. MARCH LN. Stockton CA 95219	Name of Employer Self Occupation Developer	Date (month, day, year) 2/10/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-date 1,000.00	
SUBTOTAL of Receipts this Page (optional).....			1,900.00
TOTAL This Period (last page this line number only).....			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

John T. Doolittle for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,900.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate
schedules for each
category of the
Detailed Summary
Page

Page 1 of 2

FOR LINE NUMBER
11(c)

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

NAME OF COMMITTEE (IN FULL)

JOHN T. DOOLITTLE FOR CONGRESS

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PEACH PAC GENERAL ACCOUNT P.O. BOX 7001 Lafayette CA 94549	Occupation FEDERAL PAC	1/25/00	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-date	500.00	500.00
SUBTOTAL of Receipts This Page			
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

John T. Doolittle for Congress

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Aggregate Year-to-Date > \$	

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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NAME OF COMMITTEE (In Full)

John T. Doelittle for Congress

A. Full Name, Mailing Address and ZIP Code Quinn for Congress P.O. Box 2012 Blasdell NY 14219 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer returned contribution Occupation Aggregate Year-to-Date \$	Date (month, day, year) 2/16/2008	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	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	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	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	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	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	Name of Employer Occupation Aggregate Year-to-Date \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	1,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
John T. Doolittle for Congress

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sutro & Co. 201 California St. San Francisco CA 94104	interest	1/31/00	179.08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	179.08

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Page 1 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)			
JOHN T. DOOLITTLE FOR CONGRESS			
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DAVID BAUER BUSINESS SERVICES 400 CAPITOL MALL, SUITE 1560 Sacramento CA 95814	ACCOUNTING SVC. Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1/11/00	200.00
THE CONGRESSIONAL INSTITUTE, INC. 316 PENNSYLVANIA AVE., #403 Washington DC 20003	CONFERENCE Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1/11/00	540.00
FIRST CARD P. O. BOX 15062 Wilmington DE 19886	TRAVEL, SUPPLIES, MEETINGS Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	8,176.31
THE SUTTER CLUB 1220 9TH ST. Sacramento CA 95814	DUES Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	90.00
DOOLITTLE JOHN 10531 MEREWORTH LN. Oakton VA 22124	PHONE SVC., SUPPLIES Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1/21/00	708.43
THE CONGRESSIONAL CLUB 2001 NEW HAMPSHIRE AVE., N.W. Washington DC 20009	DUES Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2/4/00	125.00
LOPEZ KATHY 11518 RED HILL CT. Rancho Cordova CA 95670	FUNDRAISING EXPENSES, POSTAGE Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2/4/00	890.57
VOTENET SYSTEMS P. O. BOX 2251 Rocklin CA 95677	CONSULTING SVC. Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2/4/00	3,200.00
U. S. BANK DOUGLAS BLVD. Roseville CA 95661	SERVICE CHARGES Disbursement for <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	1/5/00	50.40
SUBTOTAL of Disbursements This Page (optional).....			13,980.71
TOTAL This Period (last page this line number only).....			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate
schedules for each
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Detailed Summary
Page

Page 2 OF 6

FOR LINE NUMBER
17

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NAME OF COMMITTEE (in Full)

JOHN T. DOOLITTLE FOR CONGRESS

Full Name, Mailing Address and ZIP Code

DAVID BAUER BUSINESS SERVICES
400 CAPITOL MALL, SUITE 1560
Sacramento CA 95814

Purpose of Disbursement

ACCOUNTING SVC.

Disbursement for Primary General

**Date
(month,
day, year)**

2/14/00

**Amount of Each
Disbursement This
Period**

658.00

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

658.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

Page 3 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full) JOHN T. DOOLITTLE FOR CONGRESS			
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FIRST CARD Subvendor-memo only SNOWSHOE BREWING	Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	315.41
FIRST CARD Subvendor-memo only OFFICE DEPOT OLSON DR. Rancho Cordova CA 95670	PURPOSE OF DISBURSEMENT SUPPLIES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	203.71
FIRST CARD Subvendor-memo only TODD'S	PURPOSE OF DISBURSEMENT FOOD FOR RECEPTION Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	999.00
FIRST CARD Subvendor-memo only UNITED AIRLINES SACRAMENTO INT'L AIRPORT Sacramento CA 95838	PURPOSE OF DISBURSEMENT AIRFARE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	372.00
FIRST CARD Subvendor-memo only HILTON HOTEL	PURPOSE OF DISBURSEMENT LODGING Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	615.70
FIRST CARD Subvendor-memo only BRI	PURPOSE OF DISBURSEMENT SUPPLIES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	209.65
FIRST CARD Subvendor-memo only WAREHOUSE.COM	PURPOSE OF DISBURSEMENT SUPPLIES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	211.65
FIRST CARD Subvendor-memo only SOUTHWEST AIRLINES SACRAMENTO INT'L AIRPORT Sacramento CA 95838	PURPOSE OF DISBURSEMENT AIRFARE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	188.60
FIRST CARD Subvendor-memo only OFFICE DEPOT OLSON DR. Rancho Cordova CA 95670	PURPOSE OF DISBURSEMENT COPIER Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	814.19
SUBTOTAL of Disbursements This Page (optional).....			
TOTAL This Period (last page this line number only).....			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

Page 4 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)			
JOHN T. DOOLITTLE FOR CONGRESS			
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FIRST CARD Subvendor-memo only COMPLUSA	SOFTWARE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	804.61
FULL Name, Mailing Address and ZIP Code FIRST CARD Subvendor-memo only OFFICE DEPOT OLSON DR. Rancho Cordova CA 95670	EQUIPMENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	139.00
FULL Name, Mailing Address and ZIP Code FIRST CARD Subvendor-memo only BELMONT TV	EQUIPMENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	650.78
FULL Name, Mailing Address and ZIP Code FIRST CARD Subvendor-memo only NEW HORIZONS OF VIRGINIA BEACH 2901 S. LYNNHAVEN RD. Virginia Beach VA 23452	SUPPLIES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	487.50
FULL Name, Mailing Address and ZIP Code FIRST CARD Subvendor-memo only SOUND CENTER, INC. 1015 LEE DR. Clarksdale MS 38614	EQUIPMENT Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	277.65
FULL Name, Mailing Address and ZIP Code FIRST CARD Subvendor-memo only KOHLS FAIR LAKES 22341	SUPPLIES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	707.38
FULL Name, Mailing Address and ZIP Code FIRST CARD Subvendor-memo only GIANT FOOD JERMANTOWN RD. Alexandria VA 22314	REFRESHMENTS Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	336.25
FULL Name, Mailing Address and ZIP Code FIRST CARD Subvendor-memo only NORDSTROM ARDEN WAY Sacramento CA 95825	BRIEFCASE Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/17/00	261.25
FULL Name, Mailing Address and ZIP Code DOOLITTLE JOHN Subvendor-memo only COSTCO 22341	SUPPLIES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	1/21/00	367.71
SUBTOTAL of Disbursements This Page (optional).....			
TOTAL This Period (last page this line number only).....			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate
schedules for each
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Detailed Summary
Page

Page 5 OF 6
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full):
JOHN T. DOOLITTLE FOR CONGRESS

Full Name, Mailing Address and ZIP Code LOPEZ Subvendor- memo only POSTMASTER 2155 GOLDEN CENTRE Rancho Cordova CA 95670	KATHY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	Purpose of Disbursement POSTAGE	Date (month, day, year) 2/4/00	Amount of Each Disbursement This Period 396.00

Full Name, Mailing Address and ZIP Code LOPEZ Subvendor- memo only PRICECOSTCO SUNRISE BLVD. Rancho Cordova CA 95670	KATHY Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General	Purpose of Disbursement FUNDRAISING EXPENSES	Date (month, day, year) 2/4/00	Amount of Each Disbursement This Period 308.36

SUBTOTAL of Disbursements This Page (optional).....	
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 6 OF 6
FOR LINE NUMBER
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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)

John T. Doolittle for Congress

A. 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
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)

14,638.71

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER
21

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NAME OF COMMITTEE (in Full)

John T. Doolittle for Congress

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Orrin Hatch Presidential Exploratory Committee 257 E. 200 S., #950 Salt Lake City UT 84111	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/16/2000	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)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 2-22-00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
 PREPARER	2-22-00 DATE PREPARED