

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. NAME OF COMMITTEE (in full) Council for Affordable and Rural Housing ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 121 N. Washington Street, Suite 301 CITY, STATE and ZIP CODE Alexandria, Virginia 22314 | 2. FEC IDENTIFICATION NUMBER CO030318 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____ (Type of Election)
 election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
 on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Covering Period <u>October 1, 2000 through Nov. 7, 2000</u> | | |
| 6. (a) Cash on Hand January 1, 19 2000 | | \$13,494.78 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 9,494.78 | |
| (c) Total Receipts (from Line 1B) | \$ -0- | \$ -0- |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 9,494.78 | \$ 13,494.78 |
| 7. Total Disbursements (from Line 3D) | \$ 1,000.00 | \$ 5,000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 8,494.78 | \$ 8,494.78 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ -0- | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule G and/or Schedule D) | \$ -0- | |
| <i>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i> | | |

| | |
|------------------------------------------------------------------------------------------|-----------------|
| Type or Print Name of Treasurer Travis A. Miller Signature of Treasurer | Date 12-4-00 |
|------------------------------------------------------------------------------------------|-----------------|

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

FEC FORM 3X
(revised 9/03)

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

(revised 1/1/91)

| NAME OF COMMITTEE <u>Council for Affordable and Rural Housing PAC</u> | REPORT COVERING PERIOD | | |
|-------------------------------------------------------------------------------------------|-------------------------------|---------------------------|------------|
| | FROM 10/1/2000 | TO 1/7/2001 | |
| | COLUMN A Total This Period | COLUMN B Calendar Year | |
| I. Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | -0- | -0- | 11(a)(i) |
| i. Itemized (use Schedule A) | -0- | -0- | 11(a)(ii) |
| ii. Unitemized | -0- | -0- | 11(a)(iii) |
| iii. Total (add i and ii) > | -0- | -0- | 11(b) |
| b. Political Party Committees | -0- | -0- | 11(c) |
| c. Other Political Committees (such as PACs) | -0- | -0- | 11(d) |
| d. Total Contributions (add a iii, b and c) > | -0- | -0- | 12 |
| 12. Transfers From Affiliated/Other Party Committees | -0- | -0- | 13 |
| 13. All Loans Received | -0- | -0- | 14 |
| 14. Loan Repayments Received | -0- | -0- | 15 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | -0- | -0- | 16 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | -0- | -0- | 17 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | -0- | -0- | 18 |
| 18. Transfers from Nonfederal Account for Joint Activity | -0- | -0- | 19 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | -0- | -0- | 20 |
| 20. Total Federal Receipts (subtract line 16 from line 19) > | -0- | -0- | |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4): | | | |
| i. Federal Share | -0- | -0- | 21(a)(i) |
| ii. Non-Federal Share | -0- | -0- | 21(a)(ii) |
| b. Other Federal Operating Expenditures | -0- | -0- | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) > | -0- | -0- | 22 |
| 22. Transfers to Affiliated/Other Party Committees | -0- | -0- | 23 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | \$1,000.00 | \$5,000.00 | 24 |
| 24. Independent Expenditures (use Schedule E) | -0- | -0- | 25 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | -0- | -0- | 26 |
| 26. Loan Repayments Made | -0- | -0- | 27 |
| 27. Loans Made | -0- | -0- | |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | -0- | -0- | 28(a) |
| b. Political Party Committees | -0- | -0- | 28(b) |
| c. Other Political Committees (such as PACs) | -0- | -0- | 28(c) |
| d. Total Contribution Refunds (add a, b and c) > | -0- | -0- | 29 |
| 29. Other Disbursements | -0- | -0- | 30 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | \$1,000 | \$5,000.00 | 31 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | \$1,000.00 | \$5,000.00 | |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | -0- | -0- | 33 |
| 33. Total Contribution Refunds (from line 28d) | -0- | -0- | 34 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | -0- | -0- | 35 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | -0- | -0- | 36 |
| 36. Offsets to Operating Expenditures (from line 15) | -0- | -0- | 37 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | -0- | -0- | |

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)

Council for Affordable and Rural Housing PAC

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| Lazio 2000 P.O. Box 5063 Bay Shore, New York 11706 | U.S. Senate campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/3/200 | \$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]

\$1,000.00

TOTAL This Period (last page this line number only)

\$1,000.00

**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 checked="" type="checkbox"/> Hand Delivered | Date of Receipt <i>12/7/00</i> |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED (R/C) |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>RAM</i> PREPARER | <i>12/7/00</i> DATE PREPARED |