

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 DEC -7 P 12:38

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)</b>		2. FEC IDENTIFICATION NUMBER <b>C00130658</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1007 CAMERON STREET</b>		
CITY, STATE and ZIP CODE <b>ALEXANDRIA VA 22314</b>		
3. <input checked="" 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 Nov 7 in the State of VA

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>OCT. 1, 2000</u> through <u>NOV. 27, 2000</u>		
6. (a) Cash on Hand January 1, 2000		\$ 28,534 48
(b) Cash on Hand at Beginning of Reporting Period	\$ 504 76	
(c) Total Receipts (from Line 19)	\$ 90,861 57	\$ 135,360 26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 91,366 32	\$ 163,895 04
7. Total Disbursements (from Line 3D)	\$ 38,653 43	\$ 111,182 35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 52,712 89	\$ 52,712 89
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 499 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1160
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C 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 <b>CHRISTIAN JOSI</b>		Date <b>12/5/00</b>
Signature of Treasurer 		

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

C	0	0	1	3	0	6	5	8	<b>FEC FORM 3X</b> (revised 9/93)
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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

**AMERICAN CONSERVATIVE UNION PAC**

REPORT COVERING PERIOD

FROM **10/1/00** TO **11/27/00**

**I. Receipts**

	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	16,305 <sup>00</sup>	20,005 <sup>00</sup>	11(a)(i)
ii. Unitemized	64,556 <sup>51</sup>	105,355 <sup>70</sup>	11(a)(ii)
iii. Total (add i and ii) >	80,861 <sup>51</sup>	125,360 <sup>70</sup>	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) >	80,861 <sup>51</sup>	125,360 <sup>70</sup>	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	10,000 <sup>-</sup>	10,000 <sup>-</sup>	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	90,861 <sup>51</sup>	135,360 <sup>70</sup>	19
20. Total Federal Receipts (subtract line 18 from line 19) >	90,861 <sup>51</sup>	135,360 <sup>70</sup>	20

**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	5343	32,549 <sup>35</sup>	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	5343	32,549 <sup>35</sup>	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	28,500 <sup>-</sup>	68,750 <sup>00</sup>	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	10,100 <sup>-</sup>	10,100 <sup>-</sup>	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individual/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	28(d)
29. Other Disbursements	0	(-217 <sup>00</sup> )	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	38,653 <sup>43</sup>	111,182 <sup>35</sup>	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	38,653 <sup>43</sup>	111,182 <sup>35</sup>	31

**III. Net Contributions/Operating Expenditures**

32. Total Contributions (other than loans) (from line 11d)	80,861 <sup>51</sup>	125,360 <sup>70</sup>	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	80,861 <sup>51</sup>	125,360 <sup>70</sup>	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	5343	32,549 <sup>35</sup>	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	5343	32,549 <sup>35</sup>	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7  
FOR LINE NUMBER 11a1

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)

AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANCIS LEHAR PO Box 1482 MANCHESTER MA 01944	—	11/2/00	100 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	11/7/00	100 <sup>00</sup>
Aggregate Year-to-Date > \$ 200 <sup>00</sup>			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN CRAMER 23 KEEL WAY MASHPEE MA 02649	INFO. REQUESTED	11/3/00	225 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 225 <sup>00</sup>			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A.F. POLITI LITTLE NORTHFIELD PLACE ROXBURY VT 05669	SELF	11/6/00	300 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INDUSTRIAL CONSULTANT		
Aggregate Year-to-Date > \$ 300 <sup>00</sup>			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHERINE SCHICK 96A FIFTH AVENUE NEW YORK NY 10021	—	11/7/00	200 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
Aggregate Year-to-Date > \$ 200 <sup>00</sup>			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD CORELLI 1 WHITE OAK LN. CHAPPAQUA NY 10514	SELF	11/3/00	200 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFO. REQUESTED		
Aggregate Year-to-Date > \$ 200 <sup>00</sup>			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARTER LINGMORE 940 CORWIN ROAD ROCHESTER NY 14610	INFO. REQUESTED	11/2/00	300 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 300 <sup>00</sup>			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RALPH B. FEARING 527 BRITANNY DRIVE STATS COLLEGE PA 16803	—	11/2/00	200 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
Aggregate Year-to-Date > \$ 300 <sup>00</sup>			

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

1625<sup>00</sup>

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 7  
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN CARNS PO BOX 901 POCONO PINES PA 19610 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: REAL ESTATE	11/2/00	200 <sup>00</sup>
Aggregate Year-to-Date > \$ 200 <sup>00</sup>			
ANDERSON H. GUSWORTH 65 WELLINGTON BLD. READING PA 19610 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ELSWORTH, WIVES + CHALPHIN, P.C. Occupation: ATTORNEY	11/6/00	500 <sup>00</sup>
Aggregate Year-to-Date > \$ 700 <sup>00</sup>			
ESTELLE CROCKETT 1203 1ST AVE EAST BIG STONE GAP VA 24219 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	— Occupation: RETIRED	11/2/00	400 <sup>00</sup>
Aggregate Year-to-Date > \$ 400 <sup>00</sup>			
GEORGIA CATRINI 5301 FORT AVE, #8 LYNCHBURG VA 24502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	— Occupation: RETIRED	11/3/00	50 <sup>00</sup>
Aggregate Year-to-Date > \$ 250 <sup>00</sup>			
J. LLOYD KIRK 966 HENDERSONVILLE RD. ASHEVILLE NC 28803 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	FOREST MANOR INN Occupation: HOTEL OPERATOR	11/6/00	200 <sup>00</sup>
Aggregate Year-to-Date > \$ 200 <sup>00</sup>			
DONALD H. SWEEL 100 WESLEY DR, #1203 ASHEVILLE NC 28803 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	GIVENS ESTATES Occupation: INFO REQUESTED	11/3/00	500 <sup>00</sup>
Aggregate Year-to-Date > \$ 500 <sup>00</sup>			
JAMES McALPINE 603 WOODLEA COURT ASHEVILLE NC 28806 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: INFO REQUESTED	11/7/00	250 <sup>00</sup>
Aggregate Year-to-Date > \$ 250 <sup>00</sup>			

SUBTOTAL of Receipts This Page (optional)

2100<sup>00</sup>

TOTAL This Period (last page this line number only)

SCHEDULE A

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PAGE 3 OF 7  
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT L. JONES 205 FARLEY AVE LAURENS SC 29360	—	11/3/00	340 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 340	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN F. DALY 130 ESTUARY CIRCLE VERO BEACH FL	—	11/6/00	400 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 400	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACQUES LINMONT PO BOX 436 LAKE WORTH FL 32963	—	11/3/00	200 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 200	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORMAN SANDELL 307 COLDWATER DR., UNIT F7 PUNTA GORDA FL 33450	—	11/6/00	340 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 340	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT H. GIVING 102 TALL PINE LN, # 3108 NAPLES FL 34105	—	11/6/00	200 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 200	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEWART H. WELCH, JR. 3440 MONTCLAIR RD, STE 500 BIRMINGHAM AL 35213	INFO REQUESTED	11/3/00	200 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SALESMAN	Aggregate Year-to-Date > \$ 200	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALBERT A. BOND 1616 WIDEAWAY DR. BIRMINGHAM AL 35235	INFO REQUESTED	10/16/00	100 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	10/30/00	100 <sup>00</sup>
	Aggregate Year-to-Date > \$ 250 <sup>00</sup>		

SUBTOTAL of Receipts This Page (optional)

1880<sup>00</sup>

TOTAL This Period (last page this line number only)

SCHEDULE A

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

PAGE 4 OF 7

FOR LINE NUMBER

11a1

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NAME OF COMMITTEE (in Full)

AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GLENN D. NORFLEET 226, Box 6965 MANCHESTER TN	—	11/3/00	200 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 200 <sup>00</sup>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LESTER DOREMIRE RR1, Box 138F CHALMERS IN 47929	—	11/2/00	300 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 300 <sup>00</sup>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NELLIE DODDS 414 E. PIKE ST CRAWFORDSVILLE IN 47933	—	11/8/00	100 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 200 <sup>00</sup>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
FREDERICK H. DOHMAN 3903 W. MEADOW RD TUESDAYVILLE WI 53092	—	11/3/00	300 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 300 <sup>00</sup>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MAURICE QUINN 1880 SOMERSET LANE NORTHBROOK IL 60062	—	10/31/00	200 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 300 <sup>00</sup>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILLIAM J. GIBBONS 1137 TOWER ROAD WINNETKA IL 60093	—	11/2/00	200 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 200 <sup>00</sup>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PHYLLIS BELKMAN 731 ST. JOHN'S PLACE ADDISON, IL 60101	—	10/31/00	500 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 300 <sup>00</sup>	

SUBTOTAL of Receipts This Page (optional)

1600<sup>00</sup>

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARJORIE R. CRIST 924 PARK AVE. LEAVENWORTH KS 66048	RETIRED	11/2/00	200 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200 -	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IMO JEAN CARTER 964 OAKLAND RD. SEDAN KS 67361	RETIRED	11/2/00	200 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300 -	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN F. SIEBERTH 2924 BRADLEY DR, STE A-1 BATON ROUGE LA 70816	SIEBERTH & PARTY	11/6/00	700 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES L. ALLEN 4012 COLLEIDGE ST. HOUSTON TX 77005	SELF	11/6/00	500 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT E. KING 1980 POST OAK, STE 2400 HOUSTON TX 77056	SELF	11/2/00	1000 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000 -	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ZETT F. WINSTON, JR. PO BOX 248 HUNT TX 78024	SELF	11/1/00	500 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500 -	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM E. DESHER 10 IRONWOOD ROAD SAN ANTONIO TX 78212	RETIRED	11/2/00	4000 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4000 -	

SUBTOTAL of Receipts This Page (optional)

7100<sup>00</sup>

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 6 OF 7  
FOR LINE NUMBER 11a:

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NAME OF COMMITTEE (in Full)

AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM FRANCIS 11614 COUNTRY CLUB DR. DENVER CO 80234	INFO REQUESTED	11/27/00	100 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200 <sup>00</sup>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT KUBOW 1250 SHELDON STREET MANHATTAN BEACH, CA 90266	—	11/6/00	250 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 250 <sup>00</sup>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KARL J. PALMBERG 325 KEMPTON ST #1205 SPRING VALLEY CA 91771	—	11/6/00	200 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 200 <sup>00</sup>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM J. TRAYNE 12544 CAMINO EMPARRADO SAN DIEGO CA 92128	—	11/1/00	200 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 200 <sup>00</sup>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DELORES CORRETT 4014 CORTE PERALTA MURRIETA CA 92562	INFO. REQUESTED	11/6/00	300 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400 <sup>00</sup>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHIRLEY A. BAYLESS 4549 BELMONT RD CORONA DEL MAR CA 92625	—	11/1/00	100 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 200 <sup>00</sup>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARL D. RIGNEN 4847 HOPKINSON RD #3334 PLEASANTON CA 94588	LUCENT TECHNOLOGIES	11/6/00	400 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ENGINEER	Aggregate Year-to-Date > \$ 400 <sup>00</sup>	

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

1550<sup>00</sup>

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 7 OF 9

FOR LINE NUMBER 11a

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)

AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)

<p>A. Full Name, Mailing Address and ZIP Code  <b>JAMES G. HEATHER</b>  <b>10095 CREEK TRAIL CIR.</b>  <b>STOCKTON CA 95209</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer  <b>HEATHER, SANGUINETTI,                  + CAMINATA</b></p> <p>Occupation  <b>ATTORNEY</b></p> <p>Aggregate Year-to-Date &gt; 8 <b>350</b></p>	<p>Date (month, day, year)  <b>11/6/00</b></p>	<p>Amount of Each Receipt this Period  <b>250<sup>00</sup></b></p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; 9</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; 8</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; 5</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; 5</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; 5</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; 5</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

**250<sup>00</sup>**

TOTAL This Period (last page this line number only)

**16,305<sup>00</sup>**

LOANS

Name of Committee (In Full)  
**AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)**

A. Full Name, Mailing Address and ZIP Code of Loan Source <b>RICHARD A. VIGUERIE 9625 SURVEYOR CT, STE 400 MANASSAS VA 20110</b>		Original Amount of Loan <b>\$,000<sup>00</sup></b>	Cumulative Payment To Date <b>\$,050<sup>00</sup></b>	Balance Outstanding at Close of This Period <b>0</b>
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Terms: Date Incurred <b>10/16/00</b> Date Due <b>11/16/00</b> Interest Rate <b>12</b> % (apr) <input type="checkbox"/> Secured		
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source <b>BENJAMIN J. WART 9103 DARA LANE GREAT FALLS, VA 22006</b>		Original Amount of Loan <b>\$,000<sup>00</sup></b>	Cumulative Payment To Date <b>\$,050<sup>00</sup></b>	Balance Outstanding at Close of This Period <b>0</b>
Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Terms: Date Incurred <b>10/18/00</b> Date Due <b>11/18/00</b> Interest Rate <b>12</b> % (apr) <input type="checkbox"/> Secured		
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional) ..... **0**

TOTALS This Period (last page in this line only) ..... **0**

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 13

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NAME OF COMMITTEE (In Full)

**AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD A. VIGUERIE 9625 SURGEON CT, SUITE 400 MANASSAS, VA 20110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LOAN	AMERICAN TARGET ADVERTISING Occupation: CHAIRMAN Aggregate Year-to-Date > \$ 5000-	10/16/00	\$,000 <sup>00</sup>
BENJAMIN J. HART 9103 DARA LANE GREAT FALLS, VA 22066 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LOAN	AMERICAN TARGET ADVERTISING Occupation: PRESIDENT Aggregate Year-to-Date > \$ 5000-	10/19/00	\$,000 <sup>00</sup>
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) .....	10,000 <sup>00</sup>
TOTAL This Period (last page this line number only) .....	10,000 <sup>00</sup>

**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)

**AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HUNTINGTON BANK 100 S. QUEENS ST. MARTINSBURG, WV 25401	SERVICE CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OPERATING EXP.	10/16/00 11/15/00	23 <sup>93</sup> 12 <sup>81</sup>
B. Full Name, Mailing Address and ZIP Code BB+T 1421 PRINCE ST ALEXANDRIA VA 22314	SERVICE CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) OPERATING EXP.	10/19/00 11/21/00	10 <sup>91</sup> 6 <sup>89</sup>
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)

5343

TOTAL This Period (last page this line number only)

5343

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
**AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RIC KELLER FOR CONGRESS PO BOX 1453 ORLANDO FL 32802	U.S. HOUSE (FL-08) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00 11/2/00	1000 <sup>00</sup> 1000 <sup>00</sup>
PHILL KLINE FOR CONGRESS PO BOX 3009 SHAWNEE MISSION, KS 66203	U.S. HOUSE (KS-03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	1000 <sup>00</sup>
GRANE S FOR CONGRESS PO BOX 34744 KANSAS CITY, MO 64116	U.S. HOUSE (MO-06) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	1000 <sup>00</sup>
TODD AXIN FOR CONGRESS PO BOX 31222 ST. LOUIS, MO 63131	U.S. HOUSE (MO-02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	1000 <sup>00</sup>
BOB BARR - CONGRESS PO BOX 4323 MARIETTA, GA 30061	U.S. HOUSE (GA-07) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	1000 <sup>00</sup>
ELWING FOR CONGRESS PO BOX 1964 MUSKOGEE, OK 74402	U.S. HOUSE (OK-02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	1000 <sup>00</sup>
CAPITO FOR CONGRESS CMTE. 902 VIRGINIA ST. EAST CHARLESTON, WV 25301	U.S. HOUSE (WV-02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	500 <sup>00</sup>
ABRAHAM SENATE 2000 900 SECOND ST, NE, STE 114 WASHINGTON, DC 20002	U.S. SENATE (MI) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00 11/2/00	2000 <sup>00</sup> 1000 <sup>00</sup>
RNC PRESIDENTIAL TRUST 310 FIRST STREET, SE WASHINGTON, DC 20003	FEDERAL PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	500 <sup>00</sup>

SUBTOTAL of Disbursements This Page (optional)	11,000 <sup>00</sup>
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)  
**AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF DICK LUGAR PO BOX 56952 INDIANAPOLIS, IN 46205	U.S. SENATE (IN) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00	1000 <sup>00</sup>
MIKE ROGERS FOR CONGRESS PO BOX 581 BRIGHTON, MI 48116	U.S. HOUSE (MI-08) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00 11/2/00	2500 <sup>00</sup> 1500 <sup>00</sup>
REUBEN FOR CONGRESS PO BOX 1597 HELENA, MT 59624	U.S. HOUSE (MT-AL) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/00 11/2/00	2500 <sup>00</sup> 1500 <sup>00</sup>
STEVE CHABOT FOR CONGRESS 3014 HARRISON AVE. CINCINNATI, OH 45211	U.S. HOUSE (OH-01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/00	1,000 <sup>00</sup>
HEATHER WILSON FOR CONGRESS 1420 CARRISLE, NE #108 ALBUQUERQUE, NM 87108	U.S. HOUSE (NM-01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/00	2500 <sup>00</sup>
BAKER FOR CONGRESS 1721 FIFTH AVE, SUITE 100 MOLINE, IL 61265	U.S. HOUSE (IL-17) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/00	1000 <sup>00</sup>
GREG BELKER FOR CONGRESS PO BOX 424 LYNBROOK, NY 11563	U.S. HOUSE (NY-04) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/00	1000 <sup>00</sup>
FRIENDS/FARMERS FOR RICH RODRIGUEZ 6182 N. HAZEL ROAD FRESNO, CA 93711	U.S. HOUSE (CA-20) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/00	1000 <sup>00</sup>
GRULLI FOR CONGRESS 2884 RTE 112, UNIT 12 MEDFORD NY 11763	U.S. HOUSE (NY-01) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/00	1000 <sup>00</sup>

SUBTOTAL of Disbursements This Page (optional) ..... 16,500<sup>00</sup>

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

**AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JON PORTER FOR CONGRESS 631 N. STEPHANIE, DM3-143 HENDERSON, NV 89014	U.S. HOUSE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>DEBT RETIREMENT</b>	11/21/00	1,000 <sup>00</sup>
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<sup>00</sup>

TOTAL This Period (last page this line number only)

26,500<sup>00</sup>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 26

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NAME OF COMMITTEE (in Full)

**AMERICAN CONSERVATIVE UNION PAC (ACU-PAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RICHARD A. VIGUERIE 9625 SURVEYOR CT, STE 400 MANASSAS, VA 20110	LOAN REPAYMENT + INTEREST Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) LOAN REPAYMENT	11/7/00	\$,050 <sup>00</sup>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BENJAMIN J. HART 9103 DARA LANE GREAT FALLS, VA 22006	LOAN REPAYMENT + INTEREST Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) LOAN REPAYMENT	11/7/00	\$,050 <sup>00</sup>
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

10,100<sup>00</sup>

TOTAL This Period (last page this line number only)

10,100<sup>00</sup>



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
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