

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL
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TYPE OR PRINT

1. COMMITTEE IDENTIFICATION NUMBER: C00277905
 121499
 N MASON D MORISSET
 MORISSET, SCHLOSSER, AYER & JO
 ZWIAK, A PROFESSIONAL SERVICE
 1115 NORTON BLDG - 801 2ND AVE
 SEATTLE WA 98109

2. FEC IDENTIFICATION NUMBER
C00277905
 3. 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>7/1/99</u> through <u>12/31/99</u>			
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 4,819.20
(b)	Cash on Hand at Beginning of Reporting Period	\$ 6,233.96	
(c)	Total Receipts (from Line 18)	\$ 3,398.12	\$ 6,562.88
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 9,632.08	\$ 11,382.08
7.	Total Disbursements (from Line 30)	\$ 1,350.00	\$ 3,100.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8,282.08	\$ 8,282.08
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 800-424-6530 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

Mason D. Morisset

Signature of Treasurer

Date

1/31/00

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

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FEC FORM 3X
(revised 9/93)

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

(revised 11/1/81)

NAME OF COMMITTEE
MORISSET, SCHLOSSER, AYER & JOZWIAK, PAC

REPORT COVERING PERIOD
FROM **7/1/99** TO **12/31/99**

		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	3,398.12	6,562.88	11(a)(i)
ii.	Unitemized	0	0	11(a)(ii)
ii.	Total (add i and ii) >	3,398.12	6,562.88	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 ii, b and c) >	3,398.12	6,562.88	11(d)
12.	Transfers From Affiliated/Other Party Committees	0	0	12
13.	All Loans Received	0	0	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) >	3,398.12	6,562.88	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	3,398.12	6,562.88	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	0	0	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0	0	21(c)
22.	Transfers to Affiliated/Other Party Committees	0	0	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1,350.00	3,100.00	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	0	0	26
27.	Loans Made	0	0	27
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	28(d)
29.	Other Disbursements	0	0	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,350.00	3,100.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,350.00	3,100.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	3,398.12	6,562.88	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	3,398.12	6,562.88	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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)
MORISSET, SCHLOSSER, AYER & JOZWIAK, PAC

<p>A. Full Name, Mailing Address and ZIP Code Mason D. Morisset 5467 Diamond Pl. N.E. Bainbridge Island, WA 98110</p>	<p>Name of Employer Morisset, Schlosser, Ayer & Jozwiak</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 939.12 (1.2% of gross salary semi- monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>		<p>Aggregate Year-to-Date > \$ 1,892.28</p>
<p>B. Full Name, Mailing Address and ZIP Code Thomas P. Schlosser 1912 1st Avenue North Seattle, WA 98109</p>	<p>Name of Employer Morisset, Schlosser, Ayer & Jozwiak</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 919.56 (1.2% of gross salary semi- monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>		<p>Aggregate Year-to-Date > \$ 1,753.20</p>
<p>C. Full Name, Mailing Address and ZIP Code Frank R. Jozwiak 7616 Meer Court Bainbridge Island, WA 98110</p>	<p>Name of Employer Morisset, Schlosser, Ayer & Jozwiak</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 969.84 (1.2% of gross salary semi-monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>		<p>Aggregate Year-to-Date > \$ 1,870.56</p>
<p>D. Full Name, Mailing Address and ZIP Code M. Frances Ayer 1725 20th St. NW Washington, DC 20009</p>	<p>Name of Employer Morisset, Schlosser, Ayer & Jozwiak</p>	<p>Date (month, day, year) payroll deduction</p>	<p>Amount of Each Receipt this Period 569.60 (1.2% of gross salary semi-monthly)</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation Attorney</p>		<p>Aggregate Year-to-Date > \$ 1,046.84</p>
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

3,398.12

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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)
MORISSET, SCHLOSSER, AYER & JOZWIAK, PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement U.S. Congress Re-election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/14/99	Amount of Each Disbursement This Period 250.00
B. Full Name, Mailing Address and ZIP Code Kyl for Senate 507 Capitol Court NE, Suite 100 Washington, DC 20002	Purpose of Disbursement U.S. Senate Re-election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/14/99	Amount of Each Disbursement This Period 100.00
C. Full Name, Mailing Address and ZIP Code McCain 2000 735 North St. Asaph St. Alexandria, VA 22314	Purpose of Disbursement Presidential Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/27/99	Amount of Each Disbursement This Period 500.00
D. Full Name, Mailing Address and ZIP Code Stabenow for U.S. Senate 2000 436 New Jersey Ave. S.E. Washington, DC 20003	Purpose of Disbursement U.S. Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/29/99	Amount of Each Disbursement This Period 250.00
E. Full Name, Mailing Address and ZIP Code Baird For Congress Campaign P.O. Box 5016 Vancouver, WA 98668-5016	Purpose of Disbursement U.S. Congress Re-election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/29/99	Amount of Each Disbursement This Period 250.00
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)

1,350.00

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/31/00
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<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	

J.A.Q.
PREPARER

2/5/00
DATE PREPARED