

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

DEC -9 A 9 06

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Powerline Communications PAC</b>	2. FEC IDENTIFICATION NUMBER <b>200356634</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>P.O. Box 150998</b>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <b>Alexandria, VA 22315-0998</b>	

## 4. TYPE OF REPORT

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 \_\_\_\_\_  
 60-Day Post-Election Report following the General Election  
 on 11-7-2000

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A Covering Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10-1-2000</u> through <u>12-7-2000</u>		
6. (a) Cash on Hand January 1, 19__		\$ 0
(b) Cash on Hand at Beginning of Reporting Period	\$ 0	
(c) Total Receipts (from Line 10)	\$ 1500.00	\$ 1500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 1500.00	\$ 1500.00
7. Total Disbursements (from Line 30)	\$ 1200.00	\$ 1200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 300.00	\$ 300.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)	\$ 0	
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 <b>James J. Carey</b>	Date <b>12-7-00</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.

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**FEC FORM 3X**  
(revised 5/93)

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

(revised 1/18/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Powerline Communications PAC		FROM 10-1-00 TO 12-7-00	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual Persons Other Than Political Committees:			
I. Itemized (use Schedule A)		1500. <sup>00</sup>	1500. <sup>00</sup>
II. Unitemized		0	0
III. Total (add I and II) >		1500. <sup>-</sup>	1500. <sup>-</sup>
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contributions (add a II, b and c) >		1500. <sup>-</sup>	1500. <sup>-</sup>
12. Transfers From Affiliated Other Party Committees		0	0
13. All Loans Received		0	0
14. Loan Repayments Received		0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0	0
17. Other Federal Receipts (Dividends, Interest, etc.)		0	0
18. Transfers from Nonfederal Account for Joint Activity		0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		1500. <sup>-</sup>	1500. <sup>-</sup>
20. Total Federal Receipts (subtract line 15 from line 19) >		1500. <sup>-</sup>	1500. <sup>-</sup>
<b>Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
I. Federal Share		0	0
II. Non-Federal Share		0	0
b. Other Federal Operating Expenditures		0	0
c. Total Operating Expenditures (add a I, a II, and b) >		0	0
22. Transfers to Affiliated Other Party Committees		0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees (B)		1200. <sup>00</sup>	1200. <sup>00</sup>
24. Independent Expenditures (use Schedule E)		0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 411e(d)) (use Schedule F)		0	0
26. Loan Repayments Made		0	0
27. Loans Made		0	0
28. Refunds of Contributions To:			
a. Individual Persons Other Than Political Committees		0	0
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contribution Refunds (add a, b and c) >		0	0
29. Other Disbursements		0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		1200. <sup>-</sup>	1200. <sup>-</sup>
31. Total Federal Disbursements (subtract line 21 a II from line 30) >		1200. <sup>-</sup>	1200. <sup>-</sup>
<b>Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		1500. <sup>-</sup>	1500. <sup>-</sup>
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans) (subtract line 33 from line 32)		1500. <sup>-</sup>	1500. <sup>-</sup>
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >		0	0
36. Offsets in Operating Expenditures (from line 15)		0	0
37. Net Operating Expenditures (subtract line 36 from line 35) >		0	0

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)

Powerline Communications PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James J. Carey 6022 Knights Ridge Way Alexandria VA 22310 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Consultant Aggregate Year-to-Date > 1000.-	10-30 2000	1000.00
James J. Carey 6022 Knights Ridge Way Alexandria VA 22310 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Consultant Aggregate Year-to-Date > 1250.-	11-17 2000	250.00
James J. Carey 6022 Knights Ridge Way Alexandria VA 22310 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Consultant Aggregate Year-to-Date > 500.-	11-24 2000	250.00
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 > 1	
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 > 1	
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 > 1	
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 > 1	
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 > 1	
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 > 1	

SUBTOTAL of Receipts This Page (optional)

1500.-

TOTAL This Period (last page this line number only)

1500.-

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Powerline Communications PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Henry Brown for Congress 1268 Yeomans Hall Road Hanahan, SC 29406	Campaign Donation Disbursed for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	100.00
Claude Hutchison for Congress P.O. Box 1147 Alamo CA 94507	Campaign Donation Disbursed for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	100.00
Darrell Issa For Congress P.O. Box 760 Vista CA 92085	Campaign Donation Disbursed for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	100.00
John Kline for Congress 7500 Hudson Blvd Oakdale MN 55128	Campaign Donation Disbursed for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	100.00
Jennifer Carroll for Cong P.O. Box 30322 Jacksonville FL 32230	Campaign Donation Disbursed for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	100.00
Mike Rogers for Cong. 1321 E. Michigan Lansing MI 48912	Campaign Donation Disbursed for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	100.00
Ed Schrock for Cong P.O. Box 61480 VA Beach, VA 23466	Campaign Donation Disbursed for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	100.00
Simmons For Congress 12 Roosevelt Ave, Box 4 Mystic CT 06355	Campaign Donation Disbursed for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-00	100.00
Heather Wilson for Cong P.O. Box 14070 Albuquerque NM 87105	Campaign Donation Disbursed for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-2000	100.00

SUBTOTAL of Disbursements This Page (optional)

900.00

TOTAL This Period (final page only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in full)

Powerline Communications PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Moralla For Congress 7101 Wisconsin Ave Ste 102 Bethesda MD 20814	Campaign Donation Disbursement for: <input type="checkbox"/> Salary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31 2000	300.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

300.00

TOTAL This Period (last page this line number only)

1200.00

