

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 MAY 18 P 2:22

PACE

Ashland
Political Action Committee for Employees
P.O. Box 991 60 E. Third Street
Covington, Kentucky 41012-0991

May 17, 2000

FEDERAL EXPRESS

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Gentlemen:

Submitted herewith is the Monthly Report for the period covering April 1, 2000 through April 30, 2000, for the Ashland Inc. Political Action Committee for Employees (PACE) No. C00075994.

Should you have any questions, please contact me at (606) 329-3541.
Thank you.

Sincerely,

Rebecca L. Hanshaw

Rebecca L. Hanshaw
Treasurer

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 MAY 18 P 2:22

1. NAME OF COMMITTEE (in full) ASHLAND INC. PACE		2. FEC IDENTIFICATION NUMBER C00075994
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 50 E. RIVERCENTER BOULEVARD P. O. BOX 391		
CITY, STATE and ZIP CODE COVINGTON, KY 41012-0391		
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

- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day 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
6. Covering Period <u>04/01/00</u> through <u>04/30/00</u>		
6. (a) Cash on Hand January 1, 2000		\$ 39,242.11
(b) Cash on Hand at Beginning of Reporting Period	\$ 48,495.80	
(c) Total Receipts (from Line 19)	\$ 8,511.91	\$ 33,166.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 57,007.71	\$ 72,408.57
7. Total Disbursements (from Line 30)	\$ 18,000.00	\$ 33,400.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 39,007.71	\$ 39,007.71
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:
Federal Election Commission
898 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
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

REBECCA L. HANSHAW

Signature of Treasurer

Rebecca L. Hanshaw

Date

5-17-00

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)

PF000003

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE ASHLAND INC. PAC	REPORT COVERING PERIOD FROM 04/01/00 TO 04/30/00	
	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)	1,733.44	3,215.57
ii. Unitemized	6,778.47	29,950.89
iii. Total	8,511.91	33,166.46
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions	8,511.91	33,166.46
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates & Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	8,511.91	33,166.46
19. Total Receipts	8,511.91	33,166.46
20. Total Federal Receipts		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	50.00
b. Other Federal Operating Expenditures	0.00	50.00
c. Total Operating Expenditures	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	18,000.00	33,350.86
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441ad)(use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds	0.00	0.00
29. Other Disbursements	18,000.00	33,400.86
30. Total Disbursements	18,000.00	33,400.86
31. Total Federal Disbursements		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	8,511.91	33,166.46
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	8,511.91	33,166.46
35. Total Federal Operating Expenditures	0.00	50.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures	0.00	50.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
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)

ASHLAND INC. PACE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID C BARTON P O BOX 9 RAYMOND, MS 39154	ASHLAND INC.	04/05/00 04/05/00	39.58 39.58
	Occupation REGIONAL VP		
	Aggregate Year-to-Date = \$ 311.44		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHILIP W BLOCK 908 CAITLIN DRIVE UNION, KY 41091	ASHLAND INC.	04/05/00 04/05/00	56.92 56.92
	Occupation ADMIN VP B/R		
	Aggregate Year-to-Date = \$ 450.76		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER M BOKRACH 5236 MEMORIAL DRIVE DUBLIN, OH 43017	ASHLAND INC.	04/05/00 04/05/00	35.00 35.00
	Occupation VP AI & VE ADC		
	Aggregate Year-to-Date = \$ 280.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEWIS M CHAMBERS 11270 LOCUST LAKE UNION, KY 41091	ASHLAND INC.	04/05/00 04/05/00	36.80 36.80
	Occupation AUDITOR		
	Aggregate Year-to-Date = \$ 255.87		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL W CHILDRSEN 817 SQUIRE LAKE DRIVE VILLA HILLS, KY 41017	ASHLAND INC.	04/05/00 04/05/00	30.00 30.00
	Occupation CORP&CHP EX OPC		
	Aggregate Year-to-Date = \$ 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID J D'ANTONI 5252 LITTLE MINCH CT DUBLIN, OH 43017	ASHLAND INC.	04/05/00 04/05/00	50.00 50.00
	Occupation SR VP AI & SDC		
	Aggregate Year-to-Date = \$ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GORDON B BERTON 1551 HIGHWAY 521 FAIRBROTTSVILLE, TN 37843	ASHLAND INC.	04/05/00 04/05/00	29.84 29.84
	Occupation DIV PRESIDENT		
	Aggregate Year-to-Date = \$ 230.20		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
SUBTOTAL of Receipts This Page (optional)			556.28

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

ASHLAND INC. PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL DEVIVO PMB #282 121 HAWKINS BL BOONTON, NJ 07005	ASHLAND INC.	04/05/00	31.74
		04/05/00	31.74
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation VP & GEN MGR	Aggregate Year-to-Date > \$ 247.86	
<input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
B. Full Name, Mailing Address and ZIP Code MICHAEL J DUFFY 5648 CLAIRE COURT DUBLIN, OH 43017	ASHLAND INC.	04/05/00	26.75
		04/05/00	26.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation DIE ENV HS&SFTY	Aggregate Year-to-Date > \$ 212.05	
<input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
C. Full Name, Mailing Address and ZIP Code NICHOLAS R HAYNER 773 RIVER PARK DRIVE MEMPHIS, TN 38103	ASHLAND INC.	04/05/00	31.25
		04/05/00	31.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation REGIONAL VP	Aggregate Year-to-Date > \$ 242.50	
<input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
D. Full Name, Mailing Address and ZIP Code JAMES D LACY 15 WEST ORCHARD PORT MITCHELL, KY 41011	ASHLAND INC.	04/05/00	42.16
		04/05/00	42.16
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation VP CORP COMMUN	Aggregate Year-to-Date > \$ 330.96	
<input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
E. Full Name, Mailing Address and ZIP Code BARBAR L LIMBUS 128 ALGONQUIN LAKE WINDSBORO, MO 64034	ASHLAND INC.	04/05/00	50.00
		04/05/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation SENIOR MANAGER	Aggregate Year-to-Date > \$ 400.00	
<input checked="" type="checkbox"/> Other: GENERAL CONTR)IBUTION TO PAC			
F. Full Name, Mailing Address and ZIP Code CHRISTOPHER LODGE 2595 MARK ROAD LEBANON, TN 37087	ASHLAND INC.	04/05/00	42.71
		04/05/00	42.71
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation SR VP OPERATION	Aggregate Year-to-Date > \$ 336.30	
<input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			
G. Full Name, Mailing Address and ZIP Code MICHAEL R MCKILLIP 2075 BRIDGEPORT DRIVE LEXINGTON, KY 40502	ASHLAND INC.	04/05/00	25.60
		04/05/00	25.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation DIR IT SOL-VAL	Aggregate Year-to-Date > \$ 201.38	
<input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC			

SUBTOTAL of Receipts This Page (optional)

500.42
FSA88031

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

ASHLAND INC. PACE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES J O'BRIEN 120 CHINOR ROAD LEXINGTON, KY 40502	ASHLAND INC.	04/05/00	59.41
		04/05/00	59.41
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		Occupation SR VP A&P VAL	Aggregate Year-to-Date > \$ 465.70
B. Full Name, Mailing Address and ZIP Code CHARLES F POTTS 10550 MONTCLAIR WAY DULUTH, GA 30057	ASHLAND INC.	04/05/00	76.04
		04/05/00	76.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		Occupation SR VP A&P AFAC	Aggregate Year-to-Date > \$ 589.57
C. Full Name, Mailing Address and ZIP Code JOSEPH M QUIN 1427 SHORELINE DRIVE LOVELAND, OH 45140	ASHLAND INC.	04/05/00	30.00
		04/05/00	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		Occupation SR VP A&P FIN O	Aggregate Year-to-Date > \$ 240.00
D. Full Name, Mailing Address and ZIP Code ROBERT R RANDOLPH 1324 SW WINTERGREEN LAKE BLUE SPRINGS, MD 21015	ASHLAND INC.	04/05/00	31.25
		04/05/00	31.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		Occupation REGIONAL VP	Aggregate Year-to-Date > \$ 218.50
E. Full Name, Mailing Address and ZIP Code ROGER L SOLLIE 9115 CAMBERLEY DRIVE TAMPA, FL 33637	ASHLAND INC.	04/05/00	41.57
		04/05/00	41.57
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		Occupation REGIONAL VP	Aggregate Year-to-Date > \$ 250.02
F. Full Name, Mailing Address and ZIP Code RICHARD P THOMAS P O BOX 391 70 E RIVERCENTRE BLVD COVINGTON, KY 40312	ASHLAND INC.	04/05/00	50.00
		04/05/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		Occupation VP & CORP SEC	Aggregate Year-to-Date > \$ 400.00
G. Full Name, Mailing Address and ZIP Code MICHAEL J TOOHEY 10305 HICKORY CREEK CT GREAT FALLS, VA 22066	ASHLAND INC.	04/05/00	50.00
		04/05/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		Occupation DIR FED & ST GR	Aggregate Year-to-Date > \$ 400.00
SUBTOTAL of Receipts This Page (optional)			576.74
TOTAL This Period (last page this line number only)			1,733.44

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ASHLAND INC. FACE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
PUTNAM FOR CONGRESS P.O. BOX 2426 BARTOW, FL 33831	ADAM PUTNAM U S CONGRESS FL12 Disbursement for: <input checked="" type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	04/12/03	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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

TOTAL of Disbursements This Page (optional):

1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 2 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ASHLAND INC. PACE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE MIEE PENCE COMMITTEE 10 WEST 8TH STREET ANDERSON, IN 46016	MIEE PENCE U S CONGRESS 2002 Disbursement for: <input checked="" type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	04/19/00	1,000.00
VISCLOSKY FOR CONGRESS COMMITTEE 1572 NORTH 21ST COURT ARLINGTON, VA 22209	PETER VISCLOSKY U S CONGRESS 1901 Disbursement for: <input checked="" type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	04/13/00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	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"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 3 OF 8

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

ASHLAND INC. PACE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
ANNE NORTEUP FOR CONGRESS P. O. BOX 7313 LOUISVILLE, KY 40257	ANNE NORTEUP U S CONGRESS KY03 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/01/00	4,000.00
ED WHITEFIELD FOR CONGRESS P. O. BOX 391 HOPKINSVILLE, KY 42241-0391	ED WHITEFIELD U S CONGRESS KY01 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/01/00	2,000.00
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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

6,000.00

TOTAL of Disbursements This Page (optional)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

ASHLAND INC. PACE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GENE TAYLOR FOR U.S. CONGRESS P.O. BOX 39 BAY ST. LOUIS, MS 39539	GENE TAYLOR U S CONGRESS MS05 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/11/99	500.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional):

500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 8

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

ASHLAND INC. PACE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HAYES FOR CONGRESS P. O. BOX 2000 CONCORD, NC 28036	ROBIN HAYES U S CONGRESS NC08 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/11/00	1,000.00
MIKE MCINTYRE FOR CONGRESS P. O. BOX 1 LUMBERTON, NC 28357	MIKE MCINTYRE U S CONGRESS NC01 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/12/00	500.00
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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional):

1,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 8

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

ASHLAND INC. PACE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
PRYCE FOR CONGRESS 340 E GAY STREET COLUMBUS, OH 43215	DEBORAH PRYCE U S CONGRESS OH15 Disbursement for: <input checked="" type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	04/11/00	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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

GROTOTAL of Disbursements This Page (optional)

1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 8

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ASHLAND INC. PACE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BDBX FOR PRESIDENT COMPLIANCE COMMITTEE P.O. BOX 1902 AUSTIN, TX 78767-1502	GEORGE BUSH PRESIDENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	04/10/03	5,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

5,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 8
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ASHLAND INC. PACE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF JOHN WARNER COMMITTEE 2111 ELSBROOKWAY AVENUE SUITE 402 ALEXANDRIA, VA 22314	JOHN WARNER U S SENATE VA Disbursement for: <input checked="" type="checkbox"/> 03 Primary <input type="checkbox"/> General Other:	04/19/00	1,000.00
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)			1,000.00
TOTAL This Period (last page this line number only)			18,000.00

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 5-18-00
<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	
<i>See</i> PREPARER	5-18-00 DATE PREPARED