

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

OCT 15 3 33 PM '00

**HAND DELIVERED**

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**Live Free or Die**

ADDRESS (number and street)  Check if different than previously reported  
**P.O. Box 2347**

CITY, STATE and ZIP CODE  
**Merrifield, VA 22116-2347**

2. FEC IDENTIFICATION NUMBER  
**000330134**

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 <b>04-01-2000</b> through <b>06-30-2000</b>		
6. (a) Cash on Hand January 1, <del>48</del> <b>2000</b>		\$ <b>61,749.79</b>
(b) Cash on Hand at Beginning of Reporting Period	\$ <b>226,274.47</b>	
(c) Total Receipts (from Line 1B)	\$ <b>151,727.00</b>	\$ <b>614,072.52</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <b>378,001.47</b>	\$ <b>675,882.31</b>
7. Total Disbursements (from Line 3D)	\$ <b>261,305.23</b>	\$ <b>559,126.07</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <b>116,696.24</b>	\$ <b>116,696.24</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ _____	For further information contact: Federal Election Commission 700 E. Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ _____	

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  
**M. Louise Tate**

Signature of Treasurer  
**M. Louise Tate**

Date  
**10/14/2000**

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

**FEC FORM 3X**  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE *Live Free or Die*

REPORT COVERING PERIOD  
 FROM *4-1-2000* TO: *6-30-2000*

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individuals/Persons Other Than Political Committees				
i. Itemized (use Schedule A)	2,400.00	8,145.00		11(a)(i)
ii. Unitemized	149,252.42	603,737.59		11(a)(ii)
iii. Total (add i and ii) >	151,652.42	611,882.59		11(a)(iii)
b. Political Party Committees				11(b)
c. Other Political Committees (such as PACs)				11(c)
d. Total Contributions (add a iii, b and c) >	151,652.42	611,882.59		11(d)
12. Transfers From Affiliated/Other Party Committees				12
13. All Loans Received				13
14. Loan Repayments Received				14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	50.00	2,050.00		15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				16
17. Other Federal Receipts (Dividends, Interest, etc.)	24.58	139.93		17
18. Transfers from Nonfederal Account for Joint Activity				18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	151,727.00	614,072.52		19
20. Total Federal Receipts (subtract line 18 from line 19) >	151,727.00	614,072.52		20
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share				21(a)(i)
ii. Non-Federal Share				21(a)(ii)
b. Other Federal Operating Expenditures				21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	201,305.23	497,526.07		21(c)
22. Transfers to Affiliated/Other Party Committees				22
23. Contributions to Federal Candidates/Committees and Other Political Committees	159,000.00	60,600.00		23
24. Independent Expenditures (use Schedule E)				24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)				25
26. Loan Repayments Made				26
27. Loans Made				27
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees				28(a)
b. Political Party Committees				28(b)
c. Other Political Committees (such as PACs)				28(c)
d. Total Contribution Refunds (add a, b and c) >				28(d)
29. Other Disbursements	1,000.00	1,000.00		29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	261,305.23	559,126.07		30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	261,305.23	559,126.07		31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)	151,652.42	611,882.59		32
33. Total Contribution Refunds (from line 28d)				33
34. Net Contributions (other than loans)(subtract line 33 from 32)	151,652.42	611,882.59		34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	201,305.23	497,526.07		35
36. Offsets to Operating Expenditures (from line 15)	50.00	2,050.00		36
37. Net Operating Expenditures (subtract line 36 from 35) >	201,255.23	495,476.07		37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use duplicate schedule(s) for each category of the Detailed Receipt Page

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)**  
Live Free or Die

<b>A. Full Name, Mailing Address and Zip Code</b> Maurice Bigley PO Box 8 Days Creek, OR 97429-0008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Alm Transport Inc. <b>Occupation</b> Truck Driver <b>Aggregate Year-to-Date -&gt;</b> 250.00	<b>Date (month, day, year)</b> 06/26/2000	<b>Amount of Each Receipt this Period</b> 100.00
<b>B. Full Name, Mailing Address and Zip Code</b> Daniel Campbell 9752 Sierra Vista Rd Longmont, CO 80504-9428 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> IBM <b>Occupation</b> Programmer <b>Aggregate Year-to-Date -&gt;</b> 300.00	<b>Date (month, day, year)</b> 04/03/2000	<b>Amount of Each Receipt this Period</b> 50.00
<b>C. Full Name, Mailing Address and Zip Code</b> Glenn Cunningham 10475 Buck Road Freeland, MI 48623-9731 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Cunningham/ Taylor <b>Occupation</b> Embalmer <b>Aggregate Year-to-Date -&gt;</b> 250.00	<b>Date (month, day, year)</b> 06/14/2000	<b>Amount of Each Receipt this Period</b> 50.00
<b>D. Full Name, Mailing Address and Zip Code</b> Mr. Gerald Fox 222 Lake Lane Knoxville, TN 37919- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Retired <b>Occupation</b>  <b>Aggregate Year-to-Date -&gt;</b> 200.00	<b>Date (month, day, year)</b> 05/30/2000	<b>Amount of Each Receipt this Period</b> 200.00
<b>E. Full Name, Mailing Address and Zip Code</b> Feller Goff 4028 Essex Lane Houston, TX 77027-5116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self <b>Occupation</b> Locksmith <b>Aggregate Year-to-Date -&gt;</b> 250.00	<b>Date (month, day, year)</b> 06/14/2000	<b>Amount of Each Receipt this Period</b> 200.00
<b>F. Full name, Mailing Address and Zip Code</b> Mr. Arlan A. Hesse 1716 County Road 69 Proctorville, OH 45669- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Retired <b>Occupation</b> Retired <b>Aggregate Year-to-Date -&gt;</b> 200.00	<b>Date (month, day, year)</b> 05/19/2000	<b>Amount of Each Receipt this Period</b> 200.00
<b>G. Full Name, Mailing Address and Zip Code</b> Mr. Arlan A. Hesse 1716 County Road 69 Proctorville, OH 45669- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Retired <b>Occupation</b> Retired <b>Aggregate Year-to-Date -&gt;</b> 400.00	<b>Date (month, day, year)</b> 06/26/2000	<b>Amount of Each Receipt this Period</b> 200.00

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

1,000.00

**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

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**NAME OF COMMITTEE (In Full)**  
Live Free or Die

<p><b>A. Full Name, Mailing Address and Zip Code</b> Gary Jensen 728 8th Street Beloit, WI 53511-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Information Requested</p> <p><b>Occupation</b> Information Requested</p> <p>Aggregate Year-to-Date -&gt; 200.00</p>	<p><b>Date (month, day, year)</b> 06/12/2000</p>	<p><b>Amount of Each Receipt this Period</b> 50.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Mr. Gerald S. Leger-Barter 2022 Desert Peach Drive Carson City, NV 89703-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b></p> <p>Aggregate Year-to-Date -&gt; 200.00</p>	<p><b>Date (month, day, year)</b> 05/25/2000</p>	<p><b>Amount of Each Receipt this Period</b> 200.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Mr. Bruce W. Marquette 18805 89th Avenue W. Edmonds, WA 98026-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Unemployed</p> <p><b>Occupation</b> Janitor</p> <p>Aggregate Year-to-Date -&gt; 200.00</p>	<p><b>Date (month, day, year)</b> 05/19/2000</p>	<p><b>Amount of Each Receipt this Period</b> 200.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Beverly Murphy 10601 Snapper Creek Road Miami, FL 33156-3454</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b> Registered Nurse</p> <p>Aggregate Year-to-Date -&gt; 200.00</p>	<p><b>Date (month, day, year)</b> 06/19/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b> Jack Podall 106 Wakawa Avenue South Bend, IN 46617-1130</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Information Requested</p> <p><b>Occupation</b> Information Requested</p> <p>Aggregate Year-to-Date -&gt; 200.00</p>	<p><b>Date (month, day, year)</b> 06/22/2000</p>	<p><b>Amount of Each Receipt this Period</b> 100.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b> Lloyd Pudney 916 S 2nd St Artesia, NM 88210-2843</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b> Retired</p> <p>Aggregate Year-to-Date -&gt; 700.00</p>	<p><b>Date (month, day, year)</b> 06/03/2000</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b> Alfred Sauer 78 Easy Street Howell, NJ 07731-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b> Retired</p> <p>Aggregate Year-to-Date -&gt; 250.00</p>	<p><b>Date (month, day, year)</b> 06/12/2000</p>	<p><b>Amount of Each Receipt this Period</b> 50.00</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional)</p>	<p>1,200.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
Live Free or Die

A. Full Name, Mailing Address and Zip Code Mr. Robert Young 2364 Daladier Drive Rancho Palos Verdes, CA 90275- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired Aggregate Year-to-Date ->	Date (month, day, year) 06/03/2000 Aggregate Year-to-Date -> 200.00	Amount of Each Receipt this Period 200.00
B. 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
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)	200.00
TOTAL This Period (last page this line number only)	2,400.00

# Amendment

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE	OF
1	1
FOR LINE NUMBER	
236	

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NAME OF COMMITTEE (In Full)

Live Free or Die

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic P.O. Box 17577 Baltimore MD 21265	VOID Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/2000	- 167.95
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) .....

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

- 167.95

# Amendment

**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)

*Live Free or Die*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Jay Dickey for Congress P.O. Box 8766 Pine Bluff, AR 71611</i>	<i>VOID</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>6/30/00</i>	<i>1000.00</i>
<i>Senaterum 2000 436 S. Main St Pittsburgh, PA 15220</i>	<i>VOID</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>5/31/00</i>	<i>3000.00</i>
<i>Ashcraft for US Senate 2326 Mill Park Drive Maryland Heights MO 63043</i>	<i>VOID</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>4/14/00</i>	<i>2000.00</i>
<b>D. Full Name, Mailing Address and ZIP Code</b>	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
<b>E. Full Name, Mailing Address and ZIP Code</b>	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
<b>F. Full Name, Mailing Address and ZIP Code</b>	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
<b>G. Full Name, Mailing Address and ZIP Code</b>	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
<b>H. Full Name, Mailing Address and ZIP Code</b>	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
<b>I. Full Name, Mailing Address and ZIP Code</b>	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) .....

- 6,000.00

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 10/15/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
CR	10/15/00
PREPARER	DATE PREPARED