

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Internet Security, Privacy, and Self-Regulation PAC

ADDRESS (number and street) Check if different than previously reported
P.O. Box 10096

CITY, STATE and ZIP CODE
Alexandria, VA 22310-0096

RECEIVED
 FEC MAIL ROOM
 2008 DEC -9 A 9 08

2. FEC IDENTIFICATION NUMBER
C00358598

3. This committee has qualified as a multicandidate committee. (see FEC FORM 100)

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 _____
- 60-Day Post-Election Report following the General Election
 on **11-7-00**

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A Title Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10-1-00 through 12-7-00		
6. (a) Cash on Hand January 1, 2000		\$ 0
(b) Cash on Hand at Beginning of Reporting Period	\$ 0	
(c) Total Receipts (from Line 10)	\$ 1500.7	\$ 1500.7
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 1500.7	\$ 1500.7
7. Total Disbursements (from Line 30)	\$ 1200.7	\$ 1200.7
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 300.7	\$ 300.7
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY 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 800-424-9530
 Local 202-694-1100

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: **James J. Carey**

Signature of Treasurer: *[Signature]* Date: **12-7-00**

NOTE: Submission of false, inaccurate, or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §1376.

FEC FORM 3X (revised 9/03)

FEC00000001

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/01)

NAME OF COMMITTEE <i>Internet Security, Privacy and Self-Regulation PAC</i>	REPORT COVERING PERIOD FROM <i>10-1-00</i> TO <i>12-7-00</i>	
Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees:		
1. Itemized (use Schedule A)	1,500.-	1,500.-
2. Unitemized	0	0
3. Total (add 1 and 2) >	1,500.-	1,500.-
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a, b, and c) >	1,500.-	1,500.-
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) >	1,500.-	1,500.-
20. Total Federal Receipts (subtract line 18 from line 19) >	1,500.-	1,500.-
Disbursements		
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 <i>(B)</i>	1,200.-	1,200.-
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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) >	1,200.-	1,200.-
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,200.-	1,200.-
Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	1,500.-	1,500.-
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans) (subtract line 33 from line 32)	1,500.-	1,500.-
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from line 35) >	0	0

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 11.9.1

Any information copied from such Reports and Statements may not be used 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) **Internet Security, Privacy, and Self-Regulation 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 Fee: <input type="checkbox"/> Other (specify):	Self Employed Occupation: Consultant Aggregate Year-to-Date: 3	10-30 2000 1000	1000.00
James J. Carey 6022 Knights Ridge Way Alexandria, VA 22310 Receipt Fee: <input type="checkbox"/> Other (specify):	Self Employed Occupation: Consultant Aggregate Year-to-Date: 3	11-17 2000 1250	250.-
James J. Carey 6022 Knights Ridge Way Alexandria, VA 22310 Receipt Fee: <input type="checkbox"/> Other (specify):	Self Employed Occupation: Consultant Aggregate Year-to-Date: 3	11-24 2000 1500	250.-
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt Fee: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: 3	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt Fee: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: 3	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt Fee: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: 3	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt Fee: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: 3	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt Fee: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: 3	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt Fee: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: 3	

SUBTOTAL of Receipts This Page (optional)

1500.-

TOTAL This Period (not copy this line number only)

1500.-

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information required 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 organization to solicit contributions from such entities.

NAME OF COMMITTEE (in full) **Internet Security, Privacy, and Self-Regulation 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 Yeamans 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
Claud 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 Isa for Congress P.O. Box 760 Visa 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 Langhams 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 87106	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 (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 123

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) Internet Security, Privacy, and Self-Regulation PAC			
<p>A. Full Name, Mailing Address and ZIP Code Moralla For Congress 7101 Wisconsin Ave Ste 102 Bethesda MD 20814</p>	<p>Purpose of Disbursement Campaign Donation</p> <p>Disbursed for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10-31 2000</p>	<p>Amount of Each Disbursement This Period 300.00</p>
B. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement</p> <p>Disbursed for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement</p> <p>Disbursed for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement</p> <p>Disbursed for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement</p> <p>Disbursed for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement</p> <p>Disbursed for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement</p> <p>Disbursed for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement</p> <p>Disbursed for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	<p>Purpose of Disbursement</p> <p>Disbursed for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year)	Amount of Each Disbursement This Period
<p>SUBTOTAL of Disbursements This Page (optional)</p>			300.00
<p>TOTAL This Period (last page this line number only)</p>			1200.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>12-7-00</i>
<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	
<i>Set</i> PREPARER	<i>12-9-00</i> DATE PREPARED