



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

(revised 1/1/91)

NAME OF COMMITTEE  
**Eagle Forum PAC**

REPORT COVERING PERIOD  
FROM **10/19/00** TO: **11/27/00**

		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	24,870.00	68,720.00	11(a)(i)
ii.	Unitemized	17,792.33	68,946.16	11(a)(ii)
iii.	Total (add i and ii) >	42,662.33	137,666.16	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)	5,000.00	5,000.00	11(c)
d.	Total Contributions (add a iii, b and c) >	47,662.33	142,666.16	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.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	69.02	857.03	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	47,731.35	143,523.19	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	47,731.35	143,523.19	20
<b>II. Disbursements</b>				
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	1,586.34	13,447.53	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	1,586.34	13,447.53	21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	22,000.00	102,337.00	23
24.	Independent Expenditures (use Schedule E)	-1,191.30	54,463.67	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	400.00	8,700.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	22,795.04	178,948.20	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	22,795.04	178,948.20	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)			32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)			34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >			37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 6  
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Eagle Forum PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mary Beth Applewhite 5503 Canada Ct. Rockwall, TX 75032	N/A	10/20/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. William J. Dairymple 360 Marian Lane Vicksburg, MS 39183	N/A	10/20/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 700.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles F. DeGanahl 85 Wapoo's Trail Chatham, MA 02633	N/A	10/20/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mary C. Delaney 805 Lincoln Hwy. North Versailles, PA 15137	N/A	10/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 210.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Angela Haverly 24 Mosswood Trail Denville, NJ 07834	N/A	10/20/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Stuart G. Hill 36 Countryside Lane St. Louis, MO 63131	N/A	10/20/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 450.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William R. Jackson Jr. 55 Burbank Lane Yarmouth, ME 04096	N/A	10/20/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

2,550.00

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

PAGE 2 OF 6  
FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (in Full)**

Eagle Forum PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mary Koessler 86122 Old Lake Shore Rd. Lake View, NY 14085	N/A	10/20/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$ 500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eugene J. Linke 4 Clover Lane St. Charles, MO 63301	N/A	10/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$ 300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vernon McKale 3808 Clay Street San Francisco, CA 94118	N/A	10/20/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$ 1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John J. O'Brien 24 Park Hill, Apt. 2 Albany, NY 12204	N/A	10/20/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$ 1,100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Maurice A. Reidy Jr. 324 Washington St., Apt. 206 Wellesley, MA 02481	Maurice A. Reidy Engineering	10/20/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consulting Structural Engineer		Aggregate Year-to-Date > \$ 300.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sherwood Songer 11679 Grant Dr. Shawnee Mission, KS 66210	N/A	10/20/00	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$ 600.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Glenn W. Suman 3111 Merriweather Rd. Sandusky, OH 44870	N/A	10/20/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3,450.00

**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

PAGE 3 OF 6  
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Eagle Forum PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel J. Watkins 3511 W 73rd Street Prairie Village, KS 66208	N/A	10/20/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jane H. Dennis 2643 Hillcrest Ave. Augusta, GA 30904	N/A	10/23/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Lehman 1611 Spring Brooke Ct. Goshen, IN 46528	N/A	10/23/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul E. Martin 126 Lakeside Dr. Montgomery, TX 77356	Chamberlain, Hrolicka, White, Williams & Martin Attorneys	10/23/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia Simons 3122 Stanford Ct. Tyler, TX 75701	N/A	10/23/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 1,150.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Spreen 6446 E Trailridge Cir., #45 Mesa, AZ 85215	N/A	10/23/00	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 320.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kari Stangenes 124 Jardin Dr. Los Altos, CA 94022	Stangenes Industries, Inc.	10/23/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) ..... 2,770.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

Eagle Forum PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Thomas 1311 Northgate Dr. Opelika, AL 36801	Self	10/23/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Teacher		Aggregate Year-to-Date > \$ 700.00
Sandra Usher 840 12th Street Oakmont, PA 15139	N/A	10/23/00	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife		Aggregate Year-to-Date > \$ 2,000.00
Lionel Bouchard 544 Johnson Mill Road Orrington, ME 04474	N/A	10/24/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$ 500.00
William W. Boyd P.O. Box 1147 Tallahassee, FL 32302	Self	10/24/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mechanical Engineer		Aggregate Year-to-Date > \$ 500.00
Roman L. Brooks 10608 Bucknell Drive Silver Spring, MD 20902	N/A	10/24/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$ 500.00
David Crouse 9465 Northgate Dr. Allison Park, PA 15101	N/A	10/24/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		Aggregate Year-to-Date > \$ 500.00
Sandra McCormick 153 Brandon Way Macon, GA 31210	Requested	10/24/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested		Aggregate Year-to-Date > \$ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3,900.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (In Full)**

Eagle Forum PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Mitchell 656 W 141st Street Carmel, IN 46032	Mitchell & Scott Machine Co., Inc.	10/24/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer Aggregate Year-to-Date > \$ 250.00		
Mark B. Andrews, Jr. 11 Chesterfield Lakes Chesterfield, MO 63005	N/A	10/25/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired Aggregate Year-to-Date > \$ 5,000.00		
Patricia E. Andrews 11 Chesterfield Lakes Chesterfield, MO 63005	N/A	10/25/00	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker Aggregate Year-to-Date > \$ 5,000.00		
Kipp Gutshall 24968 Okeefe Lane Los Altos, CA 94022	N/A	10/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker Aggregate Year-to-Date > \$ 250.00		
Beverly Carter 824 Main Street Fort Sumner, NM 88119	N/A	10/27/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker Aggregate Year-to-Date > \$ 600.00		
Marilyn Evans 6520 SW 134th Drive Miami, FL 33156	Evans Financial Services, Ltd.	10/30/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor Aggregate Year-to-Date > \$ 350.00		
Frederick P. Brooks Jr. 413 Granville Rd. Chapel Hill, NC 27514	University of North Carolina	11/03/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Professor Aggregate Year-to-Date > \$ 1,000.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 11,700.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 6 OF 6  
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Eagle Forum PAC

**A. Full Name, Mailing Address and ZIP Code**  
Jane Russel Peoples  
2430 Ridgemark Dr.  
Santa Maria, CA 93455

Name of Employer

N/A

Date (month, day, year)

11/03/00

Amount of Each Receipt this Period

500.00

Receipt For:  Primary  General  
 Other (specify):

Occupation

Retired

Aggregate Year-to-Date > \$ 500.00

**B. Full Name, Mailing Address and ZIP Code**

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date > \$

**C. Full Name, Mailing Address and ZIP Code**

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date > \$

**D. Full Name, Mailing Address and ZIP Code**

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date > \$

**E. Full Name, Mailing Address and ZIP Code**

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date > \$

**F. Full Name, Mailing Address and ZIP Code**

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date > \$

**G. Full Name, Mailing Address and ZIP Code**

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For:  Primary  General  
 Other (specify):

Occupation

Aggregate Year-to-Date > \$

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

500.00

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

24,870.00



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

Eagle Forum PAC

<b>A. Full Name, Mailing Address and ZIP Code (CPC-PAC)</b> The Committee for the Preservation of Capitalism Congressman Jim McCrery, Chairman P.O. Box 22614 Alexandria, VA 22304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/30/00	
	Aggregate Year-to-Date > \$	5,000.00	

<b>B. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		

<b>C. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		

<b>D. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		

<b>E. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		

<b>F. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		

<b>G. Full Name, Mailing Address and ZIP Code</b>  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	5,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)  
Eagle Forum PAC

-Administrative Expenditures-

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster NOTE* Alton, IL 62002	Ltr. endorsing/House Bob Barr GA/07 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	49.66
U.S. Postmaster NOTE* Alton, IL 62002	Ltr. endorsing/House Jay Dickey AR/04 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	56.36
U.S. Postmaster NOTE* Alton, IL 62002	Ltr. endorsing/House Ransev Farley TX/11 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	95.05
U.S. Postmaster NOTE* Alton, IL 62002	Ltr. endorsing/House Phill Kline KS/03 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	154.33
U.S. Postmaster NOTE* Alton, IL 62002	Ltr. endorsing/House Ernie Fletcher KY/6 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	77.29
U.S. Postmaster NOTE* Alton, IL 62002	Ltr. endorsing/House Anne Northup KY/03 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	108.68
U.S. Postmaster NOTE* Alton, IL 62002	Ltr. endorsing/House Mark Baker IL/17 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	133.76
U.S. Postmaster NOTE* Alton, IL 62002	Ltr. endorsing/House Chuck Yob MI/01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	107.24
*The above disbursements were for communications to a restricted class: Members of the connected organization.	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) .....

782.37

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 21b

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)  
Eagle Forum PAC

-Administrative Expenditures-

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster Alton, IL 62002 NOTE*	Ltr endorsing/House Robin Hayes NC/08 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	37.50
U.S. Postmaster Alton, IL 62002 NOTE*	Ltr endorsing/House Mike Rogers MI/08 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	94.72
U.S. Postmaster Alton, IL 62002 NOTE*	Ltr endorsing/House Mike Pence IN/02 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	77.90
U.S. Postmaster Alton, IL 62002 NOTE*	Ltr endorsing/House Andy Ewing OR/02 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	74.66
U.S. Postmaster Alton, IL 62002 NOTE*	Ltr endorsing/House Van Hilleary TN/04 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/00	85.83
U.S. Postmaster Alton, IL 62002 NOTE*	Ltr endorsing/House JoAnn Davis VA/01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/00	122.00
U.S. Postmaster Alton, IL 62002 NOTE*	Ltr endorsing/House Phil Crane IL/08 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	141.36
H. Full Name, Mailing Address and ZIP Code *The above disbursements were for communications to a restricted class: Members of the connected organization.	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 Wood River Printing & Publ. Co. 22 North First Street Wood River, IL 62095	Purpose of Disbursement Letterhead Stationery Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/27/00	Amount of Each Disbursement This Period 170.00

SUBTOTAL of Disbursements This Page (optional) .....

803.97

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

1,586.34

**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)**

Eagle Forum PAC

-Federal Candidates-

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Duane Sand for U.S. Senate 1029 N. 5th. Street Bismarck, ND 58501	ND/ U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/00	1,000.00
Todd Akin for Congress P.O. Box 31222 St. Louis, MO 63131	MO/02 House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	1,000.00
Bill Federer for Congress P.O. Box 4373 St. Louis, MO 63123	MO/03 House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	5,000.00
Pete Enwall for Congress Comm. Meridien Centre 2790 NW 43rd St., Ste. 100 Gainesville, FL 32635	FL/05 House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/00	5,000.00
Don Stanberg for Senate 2000 12100 West Center Rd., Ste. 820 Omaha, NE 68114	NE/ U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	1,000.00
Dennis Rehberg for Congress P.O. Box 1597 Helena, MT 59624	MT/At Large House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	2,000.00
Rich Rodriguez for Congress P.O. Box 1321 Hanford, CA 93706	CA/20 House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	2,000.00
Phill Kline for Congress P.O. Box 3009 Shawnee Mission, KS 66203	KS/03 House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	1,000.00
Mark Baker for Congress P.O. Box 1014 Moline, IL 61266	IL/17 House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) .....

19,000.00

TOTAL This Period (last page this line number 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)**

Eagle Forum PAC

**-Federal Candidates-**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mike Rogers for Congress P.O. Box 581 Brighton, MI 48116	MI/08 House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Sam Graves for Congress P.O. Box 34744 Kansas City, MO 64116	MO/06 House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/00	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 (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) .....

3,000.00

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

22,000.00

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)		ID#C00103937		
Full Name, Mailing Address & ZIP Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
McRei, Inc. 3937 Pines Rd., Ste. I Shreveport, LA 71119	Telephone calls to get out the vote.	11/27/00	608.84	John Ashcroft MO/U.S. Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
McRei, Inc. 3937 Pines Rd., Ste. I Shreveport, LA 71119	Telephone calls to get out the vote. Partial refund of 10/18/00 payment	11/27/00	-2,909.00	Jay Dickey AR/04 House <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
McRei, Inc. 3937 Pines Rd., Ste. I Shreveport, LA 71119	Telephone calls to get out the vote.	11/27/00	7,286.50	John Hostettler IN/08 House <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
McRei, Inc. 3937 Pines Rd., Ste. I Shreveport, LA 71119	Telephone calls to get out the vote.	11/27/00	10,217.47	Ric Keller PL/08 House <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
McRei, Inc. 3937 Pines Rd., Ste. I Shreveport, LA 71119	Telephone calls to get out the vote. Partial refund of 10/18/00 payment	11/27/00	-2,230.11	John Koster WA/02 House <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
McRei, Inc. 3937 Pines Rd., Ste. I Shreveport, LA 71119	Telephone calls to get out the vote. Partial refund of 10/18/00 payment	11/27/00	-14,165.00	Jim Rogan CA/27 House <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ -1,191.30	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ _____	
(c) TOTAL Independent Expenditures			\$ -1,191.30	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing, dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Margaret Gaul 12/1/00  
Signature Date

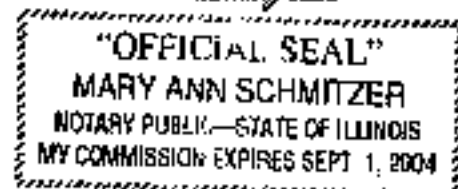
Subscribed and sworn to before me this 1st day of

December, 2000

My Commission expires:

Sept. 1, 2004

Mary Ann Schmitzer  
NOTARY PUBLIC



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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)

Eagle Forum PAC

-Non-federal Candidates-

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Linda Abbott Campaign Fund 1306 28th Ave. North Naples, FL 34103	FL/Collier County School Board Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/00	200.00
B. Full Name, Mailing Address and ZIP Code Re-elect Nancy Sheltra 388 Palin Farm Rd. Derby, VT 05829	VT/Orleans 01 State Representative Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/00	200.00
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 (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) .....

400.00

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 <i>12/7/00</i>
<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	
<i>J.A.Q.</i> PREPARER	<i>12/7/00</i> DATE PREPARED