

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full) PRAXAIR INC POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER C00263440
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 39 OLD RIDGEBURY ROAD PO BOX 2958	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)	
CITY, STATE, and ZIP CODE DANBURY CT 06813		

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type) _____
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
5. Covering Period <u>01/01/2001</u> through <u>06/30/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u>		8920.20
(b) Cash on Hand at Beginning of Reporting Period	6920.20	
(c) Total Receipts (from line 19)	24985.00	24985.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31905.20	31905.20
7. Total Disbursements (from line 30)	4000.00	4000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27905.20	27905.20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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 Electronically Filed by James Rouse	
Signature of Treasurer	Date 07/11/2001

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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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE PRAXAIR INC POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD	
		FROM 01/01/2001	TO: 06/30/2001
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	17805.00	17805.00	11.a.i.
ii. Unitemized	7380.00	7380.00	11.a.ii.
iii. Total	24985.00	24985.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	24985.00	24985.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	24985.00	24985.00	19.
20. Total Federal Receipts	24985.00	24985.00	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	4000.00	4000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	4000.00	4000.00	30.
31. Total Federal Disbursements	4000.00	4000.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	24985.00	24985.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	24985.00	24985.00	34.
35. Total Federal Operating Expenditures	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	0.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 8
			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)
PRAXAIR INC POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code Stanley Ktorides 7 Oak Tree Lane New Fairfield CT 06812 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 05/12/2001	Amount of Each Receipt this Period 400.00
	Occupation Senior Patent Counsel	Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code Dr. John Pelton 1600 Blossom Ct. Yorktown Heights NY 10598 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 05/13/2001	Amount of Each Receipt this Period 1500.00
	Occupation Corporate Fellow	Aggregate Year-to-Date > \$ 1500.00	
Full Name, Mailing Address, and ZIP Code Andray Miterko 41 Carriagehouse Dr. Danbury CT 06810 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 05/14/2001	Amount of Each Receipt this Period 300.00
	Occupation Director, Carbon Dioxide USA	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Thomas Gagner 12 Hummingbird Ct. Orchard Park NY 14127 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 05/20/2001	Amount of Each Receipt this Period 375.00
	Occupation Director, Safety & Environ. Svcs.	Aggregate Year-to-Date > \$ 375.00	
Full Name, Mailing Address, and ZIP Code James Ogilvie 50 Windsong Ct. East Amherst NY 14051 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 05/22/2001	Amount of Each Receipt this Period 1000.00
	Occupation North American Productivity Manager	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Michael Allan 27 Brushy Ridge Road New Canaan CT 06840 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 05/25/2001	Amount of Each Receipt this Period 250.00
	Occupation Vice President & Treasurer	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Kevin Albaugh 42 Pino Alto Ct Williamsville NY 14221-1734 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 05/26/2001	Amount of Each Receipt this Period 300.00
	Occupation Assoc. Director R&D	Aggregate Year-to-Date > \$ 300.00	
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 8
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
PRAXAIR INC POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code Paul Bilek 85 Gray Rock Road Southbury CT 06488 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc. Date (month, day, year) 06/08/2001 Amount of Each Receipt this Period 250.00	Full Name, Mailing Address, and ZIP Code Joseph Cappello 4 Tremont Lane Brockfield CT 06804 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc. Date (month, day, year) 06/15/2001 Amount of Each Receipt this Period 540.00	
	Occupation Executive Vice President Aggregate Year-to-Date > \$ 250.00			Occupation VP&GM, Helium/Rare Gases Aggregate Year-to-Date > \$ 540.00
	Full Name, Mailing Address, and ZIP Code David Chaifetz 456 Hillside Road Fairfield CT 06430 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :			Name of Employer Praxair, Inc. Date (month, day, year) 06/15/2001 Amount of Each Receipt this Period 600.00
Full Name, Mailing Address, and ZIP Code Gordon Chen 128 Shore Drive East Amherst NY 14051 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc. Date (month, day, year) 06/15/2001 Amount of Each Receipt this Period 300.00	Full Name, Mailing Address, and ZIP Code Theodore Dougher 9640 The Maples Clarence, NY NY 14031 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc. Date (month, day, year) 06/15/2001 Amount of Each Receipt this Period 240.00	
Full Name, Mailing Address, and ZIP Code Jacob Eisenwasser 3033 Polly Lane Flossmoor IN 80422 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc. Date (month, day, year) 06/15/2001 Amount of Each Receipt this Period 310.00	Full Name, Mailing Address, and ZIP Code Thad Evans Hori-House 101, 4-23 Kami Osaki. Shinagawa-Ku Tokyo, Japan ZZ Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair Japan Date (month, day, year) 06/15/2001 Amount of Each Receipt this Period 900.00	
Full Name, Mailing Address, and ZIP Code Thad Evans Hori-House 101, 4-23 Kami Osaki. Shinagawa-Ku Tokyo, Japan ZZ Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair Japan Date (month, day, year) 06/15/2001 Amount of Each Receipt this Period 900.00	Full Name, Mailing Address, and ZIP Code Thad Evans Hori-House 101, 4-23 Kami Osaki. Shinagawa-Ku Tokyo, Japan ZZ Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair Japan Date (month, day, year) 06/15/2001 Amount of Each Receipt this Period 900.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 8
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
PRAXAIR INC POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code Sally Fanning 12C Spruce Mountain Road Danbury CT 06810 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 300.00
	Occupation Director, Compensation & Benefits	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Thomas Finnigan 9501 Mt. Vernon Landing Alexandria VA 22309 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 450.00
	Occupation Director, Government Relations	Aggregate Year-to-Date > \$ 450.00	
Full Name, Mailing Address, and ZIP Code Kenneth Groover 213 Palisades Peachtree City GA 30269 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 300.00
	Occupation Area Director, Southeast	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code David Hald 117 Bayberry Lane Westport CT 06880-4033 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 210.00
	Occupation Director, Research & Development	Aggregate Year-to-Date > \$ 210.00	
Full Name, Mailing Address, and ZIP Code Richard Kenny 57 Morningside Lane Williamsville NY 14221 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 300.00
	Occupation Director, Global Production Excellence	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Randy Kramer 9730 The Maples Clarence NY 14031 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 900.00
	Occupation VP Global Procurement & Materials Mgt	Aggregate Year-to-Date > \$ 900.00	
Full Name, Mailing Address, and ZIP Code Michael Lutz 9775 Keystone Court Clarence NY 14031 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc.	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 270.00
	Occupation VP, Safety & Production Excellence	Aggregate Year-to-Date > \$ 270.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		6 / 8
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) PRAXAIR INC POLITICAL ACTION COMMITTEE				
Full Name, Mailing Address, and ZIP Code Sunil Mattoo 20 Rolling Hill Road Ridgefield CT 06877 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc. Occupation Vice President, Strategic Planning Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 300.00	
Full Name, Mailing Address, and ZIP Code Dennis Reiley 10 Dilman Court Ridgefield CT 06877 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc. Occupation Chairman, President & CEO Aggregate Year-to-Date > \$ 1800.00	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 1800.00	
Full Name, Mailing Address, and ZIP Code Francis Ridding 11349 Clarkston Road Zionsville IL 46077 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair Surface Technologies, Inc. Occupation Vice President Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 900.00	
Full Name, Mailing Address, and ZIP Code James Rouse 8 North Valley Road Ridgefield CT 06877 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc. Occupation Associate Director, Energy Policy Aggregate Year-to-Date > \$ 525.00	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 525.00	
Full Name, Mailing Address, and ZIP Code Mark Seymour 1331 Porus Ridge Road New Canaan CT 06840 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc. Occupation Vice President, Taxes Aggregate Year-to-Date > \$ 2010.00	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 2010.00	
Full Name, Mailing Address, and ZIP Code Richard Tisch 49 Upper Shad Road Pound Ridge NY 10576 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc. Occupation Group Counsel Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 300.00	
Full Name, Mailing Address, and ZIP Code Theodore Trumpp, III 123 Laurelwood Lane Southbury CT 06488 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Praxair, Inc. Occupation Vice President, Eastern Region, NAIG Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 300.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		7 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) PRAXAIR INC POLITICAL ACTION COMMITTEE				
Full Name, Mailing Address, and ZIP Code Thomas VonKranichfeldt 37 Eustice Lane Ridgefield CT 06877	Name of Employer Praxair, Inc.	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 900.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive Vice President	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Daniel Yankowski 35 East Gaslight Place The Woodlands TX 77382	Name of Employer Praxair, Inc.	Date (month, day, year) 06/15/2001	Amount of Each Receipt this Period 300.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation VP. Southern Region, NAIG	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Donald Terry 6675 Ashford Ct. East Amherst NY 14051	Name of Employer Praxair, Inc.	Date (month, day, year) 06/26/2001	Amount of Each Receipt this Period 275.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Director, Global Product Excellence	Aggregate Year-to-Date > \$ 275.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				17605.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 8
			FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) PRAXAIR INC POLITICAL ACTION COMMITTEE			
Full Name, Mailing Address, and ZIP Code Johnson for Congress 4451 Brookfield Corporation Drive Suite 200 Chantilly VA 20151	Purpose of Disbursement (House - CT - 8) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 03/26/2001	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Friends of John LaFalce 38 Ivy Street SE Washington DC 20003	Purpose of Disbursement (House - NY - 29) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/26/2001	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Billy Tauzin Congressional Co- mmittee 412 South Van Houma LA 70360	Purpose of Disbursement (House - LA - 3) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/21/2001	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Forbes for Congress 1104 Madison Plaza Chesapeake VA 23320	Purpose of Disbursement (House - VA - 04) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : <u>Special-General</u>	Date (month, day, year) 06/11/2001	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Pat Toomey for Congress Commi- tee 2720 Jordan Road Orefield PA 18069	Purpose of Disbursement (House - PA - 15) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 06/11/2001	Amount of Each Disbursement This Period 500.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			4000.00