

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

JAN 31 5 14 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) participation 2000	2. FEC IDENTIFICATION NUMBER C00221087
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 322 Massachusetts Avenue, NE	3a <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Washington, D.C. 20002	

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 _____ (Type of Election) election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>7-1-95</u> through <u>12-31-95</u>		
6. (a) Cash on Hand January 1, 19_____		\$ 19.62
(b) Cash on Hand at Beginning of Reporting Period	\$ 1701.77	
(c) Total Receipts (from Line 18)	\$ 77,154.00	\$ 124,912.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 78,855.77	\$ 124,932.28
7. Total Disbursements (from Line 30)	\$ 78,691.40	\$ 124,767.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 164.37	\$ 164.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-426-9630 In call 202-219-3470
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 9,137.92	

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
Sean Fuehrer, Asst. Treasurer

Signature of Treasurer Date
1-31-96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

2 1 2 6 5

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FIC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Participation 2000		REPORT COVERING PERIOD FROM 7-1-95 TO 12-31-95		
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	45,795.00	72,252.45	11(a)(i)
ii.	Unitemized	13,384.00	15,629.00	11(a)(ii)
ii.	Total (add i and ii) >	59,179.00	87,881.45	11(a)(iii)
b.	Political Party Committees	2,000.00	2,000.00	11(b)
c.	Other Political Committees (such as PACs)	15,975.00	34,975.00	11(c)
d.	Total Contributions (add a ii, b and c) >	77,154.00	124,856.45	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.)		56.21	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	77,154.00	124,912.66	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	77,154.00	124,912.66	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	44,333.68	90,410.19	21(b)
c.	Total Operating Expenditures (add a i, ii, and b) >	44,333.68	90,410.19	21(c)
22.	Transfers to Affiliated/Other Party Committees			22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			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	50.00	50.00	28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)	1000.00	1000.00	28(c)
d.	Total Contribution Refunds (add a, b and c) >	1050.00	1050.00	28(d)
29.	Other Disbursements	33,307.72	33,307.72	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	78,691.40	124,767.91	30
31.	Total Federal Disbursements (subtract line 21 a i from line 30) >	78,691.40	124,767.91	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	77,154.00	124,912.66	32
33.	Total Contribution Refunds (from line 28d)	1050.00	1050.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	76,104.00	123,862.66	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	44,333.68	90,410.19	35
36.	Offsets to Operating Expenditures (from line 15)	0	56.21	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	44,333.68	90,353.98	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6
FOR LINE NUMBER 119

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)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Barer 3048 E. Laurelhurst Dr., NE Seattle, Washington, 98105	Garvey, Schubert & Barer Occupation: Attorney Aggregate Year-to-Date: \$2000.00	10-20-95	2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Barnes 3100 Ervin Court Annapolis, MD. 21403	JLR Associates Occupation: Govt. Relations Aggregate Year-to-Date: \$550.00	9-11-95 12-7-95	250.00 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Bracy 1258 Beverly Road McLean, Virginia 22101	Teacher Occupation: Teacher Aggregate Year-to-Date: \$	7-19-95	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert Cleveland, Jr. 2616 Maria Anna Austin, TX. 78703	Profile Information Services, Inc. Occupation: Business Consultant Aggregate Year-to-Date: \$	7-17-95	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jule Dionne 8300 North Hayden, NO. 207 Scottsdale, AZ. 85258	Self-Employed Occupation: Real Estate Investments Aggregate Year-to-Date: \$1000.00	10-4-95	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ron Dobbins 8200 Jefferson Ave., NO. 1508 Detroit, Michigan 48214	United American Health Insurance Occupation: CEO Aggregate Year-to-Date: \$4500.00	8-19-95	2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anita Dunn 3518 Taylor Street Chevy Chase, MD. 20815	Squier, Knapp & Ochs Occupation: Consultant Aggregate Year-to-Date: \$500.00	9-29-95 12-15-95	250.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

\$550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 Participation 2000

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chris Dunnaville 225 West 83rd Street, No. 5E New York, NY. 10024	SMith Barney	8-31-95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investment Advisor		
	Aggregate Year-to-Date >	\$ 200.00	
Robert Engel 1310 North Nelson Street Arlington, VA. 22201	Democratic Congressional Campaign Committee	9-29-95	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director		
	Aggregate Year-to-Date >	\$ 200.00	
Paul Glenn P. O. Box 50310 Santa Barbara, CA. 93150	SELF	10-28-95 11-11-95	2000.00 3000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investor		
	Aggregate Year-to-Date >	\$5000.00	
Jacqueline Grindrod 534 Union Blvd. Totowa, NJ. 07512	Self	7-12-95 9-18-95 11-28-95	200.00 125.00 21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date >	\$ 746.00	
Hen Eley 621 North Francis Apt. 104 Madison, WS. 53703	Wisconsin Assembly	12-7-95	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Staff Assistant		
	Aggregate Year-to-Date >	\$ 250.00	
Karen Haviland 2616 Maria Anna Austin, TX. 78703	Northwest Airlines	7-31-95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Ticket Agent		
	Aggregate Year-to-Date >	\$500.00	
Thomas Henderson P.O. Box 1415 Austin, TX. 78767	"Specialty Films"	11-28-95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date >	\$ 250.00	

SUBTOTAL of Receipts This Page (optional) 6,595.00

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **6**
FOR LINE NUMBER **19**

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NAME OF COMMITTEE (In Full)
Participation 2000

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dustin Hoffman 111 West 40th Street New York, New York 10018	Self	9-11-95	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Actor	Aggregate Year-to-Date > \$ 5000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Hoffman 111 West 40th Street New York, New York 10018		9-11-95	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Hultin 4118 faith Court Alexandria, VA. 22311	JLR Associates	10-28-95 8-24-95	100.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Govt. Relations	Aggregate Year-to-Date > \$ 550.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Hurt 2001 Bryan Tower, Suite 700 Dallas, TX. 75201	Leonard, Hurt, Terry & Blinn	10-27-95	2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 2000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eugene LaVergne 39 Memorial Parkway Long Branch, NJ. 07740	Self	9-22-95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 902.98	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Leqq P. O. Box 519 Kennebunk, ME. 04043	Retired	11-17-95	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Leonard 816 Congress, Suite 1280 Austin, TX. 78701	Leonard, Hurt, Terry & Blinn	8-30-95 10-28-95	1000.00 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 4,000.00	

SUBTOTAL of Receipts This Page (optional)

16,550.00

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 4 OF 6
FOR LINE NUMBER 11g

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NAME OF COMMITTEE (In Full)

Participation 2000

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alfred Stanley 1409 Hardouin Avenue AUSTIN, TX. 78703	Alfred Stanley & Asss.	8-29-95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$1000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Sweeney 1331 Pennsylvania Ave., NW Washington, D.C. 20004	EDS	9-29-95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Govt. Relations	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan Tisch 667 Madison Avenue New York, NY. 10021	Loews Hotels	9-15-95	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Subbarao Vallabhaneni 631 Farmdale Road Franklin Lakes, NJ. 07417	"self"	7-31-95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Doctor	Aggregate Year-to-Date > \$250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Van Cleve c/o Bryan Cave, One Metropolitan St. Louis, MO. 63102	Bryan Cave	10-22-95	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharma Ved Brat 10832 Tuckahoe Way North Potomac, MD. 20878	Bratton Biotech	9-27-95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 565.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Teresa Vilmain 1426 Rhode Island Ave., NW Washington, D.C 20005	Self	8-29-95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

7750.00

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 5 OF 6
FOR LINE NUMBER 16

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NAME OF COMMITTEE (In Full)

Participation 2000

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Marston 2810 Townes Austin, TX. 78703	Environmental Defense Fund-Texas	8-28-95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Mignon McGarry P.O. Box 1501 Austin, TX. 78767	Name of Employer Self Employed	Date (month, day, year) 8-2-95	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Legislative Consultant	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code Douglas McKenna 1140 Linden Drive Boulder, CO. 80304	Name of Employer Mathemaesthetics	Date (month, day, year) 8-3-95	Amount of Each Receipt this Period 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 750.00	
D. Full Name, Mailing Address and ZIP Code Will Robinson 510 A Street, NE Washington, D.C. 20002	Name of Employer MCSSR Communications	Date (month, day, year) 9-29-95	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code John Rogers 307 N. Michigan Avenue, Suite 50 Chicago, IL. 60601	Name of Employer Ariel Capital	Date (month, day, year) 10-1-95	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code Sheila Smith 3450 Lake Shore Drive Chicago, IL. 60657	Name of Employer	Date (month, day, year) 12-14-95	Amount of Each Receipt this Period 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1500.00	
G. Full Name, Mailing Address and ZIP Code Karen Souleiner 1712 Pasadena Drive Austin, TX. 78757	Name of Employer County Commissioner Travis Cty-Texas	Date (month, day, year) 12-20-95	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Commissioner	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

4,450.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Participation 2000

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark Warner 201 North Union Street, Suite 300 Alexandria, VA. 22314	Columbia Capitol Businessman	8-30-95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Kirk Watson 700 Las Lomas Drive Austin, TX. 78746	Whitchurst, Harkness & Watson Attorney	1-5-95	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
E.W. Billy Wright 1111 Bagby, Suite 5100 Houston, TX. 77002	Paine Webber Inc. Vice President	8-15-95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
George Rakis 9 Kerwood Court Silver Spring, MD. 20904	SELF Consultant	9-28-95 10-9-95	125.00 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$275.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Martin 818 15th Street, no. 2 Santa Monica, CA. 90403	Blakley, Sokoloff Taylor & Zafman Attorney	9-20-95	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephanie Langer 850 N. Randolph Street, Apt. 304 Arlington, VA. 22203	Student	9-21-95	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bruce Kieloch 2494 Windbreak Drive Alexandria, VA. 22320	Self Consultant	10-2-95 12-21-95	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$300.00		

SUBTOTAL of Receipts This Page (optional) 1900.00

TOYAL This Period (last page this line number only) 49,795.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 117

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NAME OF COMMITTEE (In Full)

Participation 2000

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
New Jersey Campaign 95 150 West State Street Trenton, New Jersey		9-24-95	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Federal PAC-NJ Democratic State 150 West State Street Trenton, NJ. 08608	Committee	10-18-95	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)
 TOTAL This Period (last page this line number only) 2000.00

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SCHEDULE A

ITEMIZED RECEIPTS

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)

Participation2000

A. 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
B. Full Name, Mailing Address and ZIP Code Prudential Insurance of America Federal PAC Newark, New Jersey 07101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Prudential Insurance of America Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 12-20-95	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Drive Political Fund International Brotherhood of Teamsters, 25 Louisiana Avenue Washington, D.c. 20001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer International Brotherhood of Teamsters, 25 Louisiana Avenue, NW Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 7-12-95	Amount of Each Receipt this Period 5,000.00
D. Full Name, Mailing Address and ZIP Code Federal PAC, SEIU 1313 L Street, NW Washington, D.C. 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Federal PAC, SEIU Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 11-30-95	Amount of Each Receipt this Period 2,000.00
E. Full Name, Mailing Address and ZIP Code Machinists Non Partisan Pol. League 9000 Machinists Place Upper Marlboro, MD. 20772 (Federal PAC) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Machinists Non Partisan Pol. League Occupation Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 8-23-95	Amount of Each Receipt this Period 2,500.00
F. Full Name, Mailing Address and ZIP Code United Brotherhood of Carpenters 101 Constitution Ave., NW Washington, D.C. 200001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United Brotherhood of Carpenters Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 7-27-95	Amount of Each Receipt this Period 3,000.00
G. Full Name, Mailing Address and ZIP Code Frank Pallone for Congress P.O. Box 3176 Long Branch, NJ. 07740 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Frank Pallone for Congress Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9-29-95 10 27 95	Amount of Each Receipt this Period 250.00 250.00

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SUBTOTAL of Receipts This Page (optional)

14,000

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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)
 Participation 2000

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Friends of Bruce Todd 100 Congress, Suite 800 Austin, TX. 78701		8-29-95	250.00 Comprised of federal funds
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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
Election Fund of Pat Gillespie 1 Oxford Court Matawan, NJ. 07747		12-28-95	225.00 Comprised of federal funds.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	>	\$ 225.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jacquelyn Goodman Campaign 1010 Austin Highlands Austin, TX. 78745		8-28-95	250.00 Comprised of Federal Funds.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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
Friends of Ronald Earle P. O. Box 2092 Austin, TX. 78767		8-27-95	250.00 Comprised of Federal Funds.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	>	\$ 250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doria Democratic Leadership Fund 235 Broadway Bayonne, NJ. 07002		10-30-95	1,000.00 Comprised of Federal Funds.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	>	\$ 1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	>	\$

SUBTOTAL of Receipts This Page (optional)	1975.00
TOTAL This Period (last page this line number only)	15,975.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

Participation 2000

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Herman Sporting Goods Fair Oaks Mall Fairfax, Virginia	Event Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-20-95	360.37
B. Full Name, Mailing Address and ZIP Code Capitol Hill Spirits Massachusetts Avenue, NE Washington, D.C. 20002	Event Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-95	197.37
C. Full Name, Mailing Address and ZIP Code Capitol Hill Grocier Massachusetts Avenue, NE Washington, D.C. 20002	Food Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-95	11.74
D. Full Name, Mailing Address and ZIP Code Sean Fuchrer 11528 Old Tiverton Cir., APT. 201 Reston, VA. 22094	Travel Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-15-95	849.75
E. Full Name, Mailing Address and ZIP Code Aetna Insurance Company 151 Farmington Avenue Hartford, CT. 06156	Insur. Payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-25-95 12-11-95	200.00 128.40
F. Full Name, Mailing Address and ZIP Code Image Express Massachusetts Avenue, NE Washington, D.C. 20002	Copies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-26-95	43.36
G. Full Name, Mailing Address and ZIP Code Participation 2000 322 Massachusetts Avenue, NE Washington, D.C. 20002	Petty Cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-29-95 10-27-95 11-30-95	100.00 100.00 100.00
H. Full Name, Mailing Address and ZIP Code Best Messenger Washington, D.C.	Shipping costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-29-95	31.50
I. Full Name, Mailing Address and ZIP Code Federal Express P.O.Box 1140 Memphis, TN. 38101	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-13-95	183.50

SUBTOTAL of Disbursements This Page (optional)

2313.99

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

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NAME OF COMMITTEE (In Full)
Participation 2000

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Intellinet-MPS P.O. Box 96012 Chicago, IL 60693-6012	Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-95	48.00
B. Full Name, Mailing Address and ZIP Code Sean Fuehrer 11528 Olde Tiverton Cir., Apt. 201 Reston, VA 22094	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-15-95 9-1-95 9-15-95	1339.91 1339.91 1339.91
C. Full Name, Mailing Address and ZIP Code U.S. Postmaster Washington, D.C.	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-11-95 9-26-95 10-23-95	213.00 86.00 32.00
D. Full Name, Mailing Address and ZIP Code Kinko Copy center Pennsylvania Avenue Washington, D.C. 20003	Copies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-8-95 9-31-95	41.77 31.80
E. Full Name, Mailing Address and ZIP Code U.S. Sprint Box 152046 Irving, Texas 75015	Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-12-95 12-13-95	229.95 56.57
F. Full Name, Mailing Address and ZIP Code Gilbert & Wolfand, PC 2201 Wisconsin Avenue, NW Washington, D.C. 20007	Accounting Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-12-95	263.25
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Participation 2000 322 Mass. Ave. NE Washington, D.C. 20002	Petty Cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-1-95 9-6-95 9-28-95	125.00 60.00 100.00
I. Full Name, Mailing Address and ZIP Code MOlophoto Northshore Shopping Center Reston, VA 22094	Photography Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-20-95	94.26

SUBTOTAL of Disbursements This Page (optional)

5401.33

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 3 OF 9
FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

Participation 2000

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellAtlantic P.O. Box 646 Baltimore, Maryland	Phone	10-19-95	110.78
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-11-95	189.32
B. Full Name, Mailing Address and ZIP Code Sean Fuehrer 11528 Olde Tiverton Circle, Apt Reston, Virginia 22094	Purpose of Disbursement Salary	Date (month, day, year) 10-15-95	Amount of Each Disbursement This Period 1339.91
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-15-95 11-1-95	1339.91 1339.91
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code National 4-H Center 2100 Connecticut Avenue Chevy Chase, Maryland	Purpose of Disbursement Facility Rental	Date (month, day, year) 10-25-95	Amount of Each Disbursement This Period 1000.00
E. Full Name, Mailing Address and ZIP Code 320 Massachusetts Ave. Assoc. 1475 K Street, NW, Suite 308 Washington, D.C. 20006	Purpose of Disbursement Rent	Date (month, day, year) 11-10-95	Amount of Each Disbursement This Period 475.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-10-95	475.00
F. Full Name, Mailing Address and ZIP Code Internal Revenue Service Philadelphia, PA.	Purpose of Disbursement Tax	Date (month, day, year) 11-21-95	Amount of Each Disbursement This Period 2966.74
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-13-95	39.00
G. Full Name, Mailing Address and ZIP Code U.S. Postmaster Washington, D.C.	Purpose of Disbursement Postage	Date (month, day, year) 11-21-95	Amount of Each Disbursement This Period 38.52
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-18-95	96.00
H. Full Name, Mailing Address and ZIP Code Worley Printing Austin, Texas	Purpose of Disbursement Printing	Date (month, day, year) 12-7-95	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Cable & Wireless P.O. box 371968 Pittsburgh, PA. 15250 7968	Purpose of Disbursement Phone	Date (month, day, year) 12-13-95	Amount of Each Disbursement This Period 650.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

10,300.09

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Participation 2000

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aetna Insurance Company 151 Farmington Ave. Hartford, CT. 06156	Insur. payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-18-95	241.80
B. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 1140 Memphis, TN. 38101	Shipping Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-18-95	291.50
C. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 646 Baltimore, MD.	phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-17-95 8-14-95 9-15-96	135.75 146.27 196.11
D. Full Name, Mailing Address and ZIP Code Virginia Department of Taxation Richmond, Virginia	State Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-28-95	426.45
E. Full Name, Mailing Address and ZIP Code Hyatt Regency Hotel Reston Parkway Reston, Virginia 22094	Staff Lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-29-95	121.41
F. Full Name, Mailing Address and ZIP Code Participation 2000 322 Massachusetts Ave, NE Washington, D.C. 20002	Petty Cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-95 7-31-95	300.00 275.00
G. Full Name, Mailing Address and ZIP Code Kammu Ved Brat 10832 Tuckahoe Way North Potomac, MD. 20878	Compensation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-1-95	500.00
H. Full Name, Mailing Address and ZIP Code Sean Fuehrer 11528 Olde Tiverton Circle, Apt Reston, Virginia 22094	Travel Expenses 201 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-30-95	192.51
I. Full Name, Mailing Address and ZIP Code ATT Capitol Lease P.O. Box 85047 Louisville, KY. 40285-5047	Leasing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-10-95 10-23-95	215.00 252.57

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SUBTOTAL of Disbursements This Page (optional) 3294.37

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 3 OF 4
FOR LINE NUMBER 216

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NAME OF COMMITTEE (In Full)

Participation 2000

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sean Fuehrer 11528 Olde Tiverton Cir., Apt Reston, VA. 22094	Salary 201 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-15-95 12-15-95	669.96 669.96
B. Full Name, Mailing Address and ZIP Code Virginia Dept. of Taxation Richmond, VA.	Purpose of Disbursement State Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12-22-95	Amount of Each Disbursement This Period 539.83
C. Full Name, Mailing Address and ZIP Code At&T Capitol Lease P. O. Box 85047 Louisville, KY. 40285-5047	Purpose of Disbursement Lease Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12-13-95	Amount of Each Disbursement This Period 205.67
D. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 1140 Memphis, TN. 38101	Purpose of Disbursement SHIPPING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12-13-95	Amount of Each Disbursement This Period 302.25
E. Full Name, Mailing Address and ZIP Code Participation 2000 322 Mass. Ave, NE Washington, D.C. 20002	Purpose of Disbursement Petty Cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12-19-95	Amount of Each Disbursement This Period 90.00
F. Full Name, Mailing Address and ZIP Code United Parcel Service Box 85036 Louisville, KY. 40285-5036	Purpose of Disbursement Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12-13-95	Amount of Each Disbursement This Period 70.00
G. Full Name, Mailing Address and ZIP Code Staples 2545 McNair Farms Drive Herndon, VA.	Purpose of Disbursement Office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11-28-95	Amount of Each Disbursement This Period 73.14
H. Full Name, Mailing Address and ZIP Code U.S. Postmaster Washington, D.C.	Purpose of Disbursement Postmaster Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8-25-95	Amount of Each Disbursement This Period 110.00
I. Full Name, Mailing Address and ZIP Code Internal Revenue Service Philadelphia, PA. 19255	Purpose of Disbursement Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9-12-95	Amount of Each Disbursement This Period 2716.14

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SUBTOTAL of Disbursements This Page (optional)	5447.25
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Participation 2000

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DC Treasurer Washington, D.C.	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-5-95	14.62
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sean Fuehrer 11528 Olde Tiverton Circle, Apt. 201 Reston, Virginia 22094	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-1-95 7-15-95 8-1-95 8-15-95	1339.91 1339.91 1339.91 1339.91
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Staples Office Supply 2545 McNair Farms Drive Herndon, Virginia	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-6-95 7-7-95 7-28-95 10-24-95	73.14 251.64 482.09 115.38
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Image Express Washington, D.C.	Copies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-7-95 7-12-95 7-28-95	106.34 49.75 54.99
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. Postmaster Washington, D.C.	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-10-95 7-19-95 8-9-95 8-24-95	32.00 64.00 32.35 96.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
320 Mass Ave Associates 1725 K Street, Suite 308 Washington, D.c. 20006	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-13-95 8-10-95 9-12-95 10-10-95	475.00 475.00 545.07 475.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American University #400 Massachusetts Avenue, NW Washington, D.C. 20016	Facility Rental Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-18-95	1954.14
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Philadelphia, Pennsylvania	TAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-18-95	2500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cable & Wireless P.O. Box 371968 Pittsburgh, PA. 15250-7968	Phone Bill Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-18-95 9-12-95	498.65 584.77

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SUBTOTAL of Disbursements This Page (optional)	14,239.67
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

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FOR LINE NUMBER 217

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NAME OF COMMITTEE (in Full)

Participation 2000

262123030

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Capitol Bank 316 Pennsylvania Avenue, SE Washington, D.C. 20003	Bank Fees	7-31-95	6.48
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	8-31-95	10.14
	<input type="checkbox"/> Other (specify)	9-29-95	9.57
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Capitol Bank 316 Penn. Avenue, SE Washington, D.C. 20003	Check Purchase	9-6-95	61.34
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Capitol Bank 316 Pennsylvania Ave., SE Washington, D.C.	Bank Fees	10-31-95	10.26
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		10-4-95	3.00
<input type="checkbox"/> Other (specify)		10-5-95	3.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Capitol Bank 316 Penn. Avenue, SE Washington, D.C. 20003	Bank Fees	12-1-95	53.00
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		12-1-95	36.00
<input type="checkbox"/> Other (specify)		12-29-95	10.35
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Capitol Bank 316 Penn. Avenue, SE Washington, D.C. 20003	Bank Fees	11-6-95	3.00
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		11-29-95	18.00
<input type="checkbox"/> Other (specify)		11-30-95	5.94
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Bank Fees	11-30-95	18.00
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional)

248.08

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 8 OF 9
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (in Full)

Participation2000

95030212603

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Specialy Tours & Travel 3095 S. Parker Rd, Suite, 150 Aurora, CO. 80014	Staff Travel See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-95 10-23-95	2500.00 579.00
B. Full Name, Mailing Address and ZIP Code Rhonda Troutman 1044 Camino La Costa, #3075 Austin, TX. 78752	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-95	(430.00)
C. Full Name, Mailing Address and ZIP Code Keith Wilson 919 Elm Street Panama City, FL. 32401	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-95	(380.00)
D. Full Name, Mailing Address and ZIP Code Lepolean Anthony 143 Coburn Lane Somerset, NJ. 08873	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-95	(380.00)
E. Full Name, Mailing Address and ZIP Code Aida Rullova 3913 McGregor Blvd, Fort Myers, FL. 33901	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-95	(369.00)
F. Full Name, Mailing Address and ZIP Code Aaron Doeppers 2115 Jefferson Street Madison, WS. 53711	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-95	(294.00)
G. Full Name, Mailing Address and ZIP Code Amanda Arnovitz 2205 Deodara CV. Germantown, TN. 38138	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-95	(264.00)
H. Full Name, Mailing Address and ZIP Code Meghan Johnson 1750 Harold Houston, TX. 77098	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-95	(369.00)
I. Full Name, Mailing Address and ZIP Code Ryan Lippe 1275 Beechlake Drive Columbus, OHIO 43234	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-95	(205.00)

SUBTOTAL of Disbursements This Page (optional)

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 9 OF 9
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NAME OF COMMITTEE (in Full)

Participation 2000

96030212624

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michelle Marshall 7477 S. Harrison Way Littleton, CO. 80122	Travel - SEE MEMO PREVIOUS PAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-95	(481.00)
Suzanne Schreiber 2604 Morrow Road Albuquerque, NM. 87106	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-95	(471.00)
Binh Tuong 9865 Buckingham Drive Eden Prairie, MN. 55347	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-95	(474.00)
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)

3079.00

TOTAL This Period (last page this line number only)

44,333.68

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
Participation 2000

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
New Jersey Campaign 95 150 West State Street Trenton, NJ	Return of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-24-95	1000.00
B. Full Name, Mailing Address and ZIP Code Lucy Cooper 7638 Southwestern Dallas, Texas 75225	Return of Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-1-95	50.00
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)	1050.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 9
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NAME OF COMMITTEE (In Full)

Participation 2000

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Andy Farrell 1915 North Underwood Street Arlington, VA. 22205	Compensation, Janet Howell for St. Senate (VA)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1210)
Carrie Gartner 4158 Lake Shore Drive Waco, Texas 76710	Compensation, Wisniewski & Friscia for Assembly (NJ-18)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1210)
Ryan Lippe 1275 Beechlake Drive Columbus, Ohio 43235	Compensation, NJ Democratic Party	9-14-95	500.00 (IN-1210)
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Meghan Johnson 1750 Harold Street Houston, Texas 77098	Compensation, Ed Plunkett for Delegate (VA)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1210)
Bill Norris 1011 Hillcrest Drive Neshanic Station, NJ. 08853	Compensation, Gil Edwards for Delegate (VA)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1210)
Alice Harper 1516 East Edwards Springfield, IL. 62703	Compensation, Dwight Jones for Delegate (VA)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1210)
Amanda Arnovitz 2205 Deodara CV Germantown, TN. 38138	Compensation, Greenwald & Degan for Assembly (NJ-6)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1210)
Aaron Doepfers 2115 Jefferson Street Madison, WS. 53711	Compensation, Couric for State Senate (VA-25)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1210)
Alexis Bar 505 Craig Lane Villanova, PA. 19085	Compensation, Peller for Delegate (VA-44)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1210)

SUBTOTAL of Disbursements This Page (optional)

4500.00

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 9
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NAME OF COMMITTEE (in Full)

Participation 2000

0607212527

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Compensation, Barbara Hudgins for Assembly (NJ-2) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9-1-95 9-18-95	Amount of Each Disbursement This Period 400.00 100.00 ^(one-hundred)
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):	500.00
TOTAL This Period (last page this line number only):	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Participation 2000

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rhonda Troutman 1044 Camino La Costa, #3075 Austin, TX. 78752	Compensation, Sean Dalton & Chris Manganello for Assembly (NJ-4)	9-1-95	400.00 (IN-1440)
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00
Suzanne Schreiber 2604 Morrow Road Albuquerque, NM 87106	Compensation, Fernandez for Mayor, (Bloomington, IN)	9-1-95	400.00 (IN-1440)
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00
Binh Tuong 9865 Buckingham Drive Eden Prairie, MN. 55347	Compensation, Ticer for State Senate (VA-30)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1440)
Michelle Marshall 7477 S. Harrison Way Littleton, Colorado 80122	Compensation, Kentucky Democratic Party	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1440)
Mona Ross 1212 North LaSalle, #1903 Chicago, IL. 60610	Compensation, Gillespie for Assembly (NJ-13)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1440)
Aida Rulova 3913 McGregor Blvd. Fort Myers, Florida 33901	Compensation, Don McEachern for Delegate (VA-74)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1440)
Gerardy Carrenard 1605 Brentwood Road Bay Shore, New York 11706	Compensation, Steel & Paschall for Assembly (NJ-35)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1440)
Gerald Ford 440 Pershing Blvd. Rockville Center, NY 11570	Compensation, Turner & Gusciora for Assembly (NJ-15)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1440)
Keith Wilson 919 Elm Street Panama City, FL. 32401	Compensation, Dick Molgus for Gov. (MS)	9-1-95	400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-15-95	100.00 (IN-1440)

SUBTOTAL of Disbursements This Page (optional) **4500.00**

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Participation 2000 ...

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rhonda Troutman 1044 Camino La Costa, #3075 Austin, TX. 78752	Compensation, Sean Dalton & Chris Manganello for Assembly (NJ-4) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (2N-KIND)
Suzanne Schreiber 2604 Morrow Road Albuquerque, NM 87106	Compensation, Fernandez for Mayor, (Bloomington, IN) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (2N-KIND)
Binh Tuong 9865 Buckingham Drive Eden Prairie, MN. 55347	Compensation, Ticer for State Senate (VA-30) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (2N-KIND)
Michelle Marshall 7477 S. Harrison Way Littleton, Colorado 80122	Compensation, Kentucky Democratic Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (2N-KIND)
Mona Ross 1212 North LaSalle, #1903 Chicago, IL. 60610	Compensation, Gillespie for Assembly (NJ-13) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (2N-KIND)
Aida Rulova 3913 McGregor Blvd. Fort Myers, Florida 33901	Compensation, Don McEachern for Delegate (VA-74) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (2N-KIND)
Gerardy Carrnard 1605 Brentwood Road Bay Shore, New York 11706	Compensation, Steel & Pascale for Assembly (NJ-35) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (2N-KIND)
Gerald Ford 440 Pershing Blvd. Rockville Center, NY 11570	Compensation, Turner & Gusciora for Assembly (NJ-15) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (2N-KIND)
Keith Wilson 919 Elm Street Panama City, FL. 32401	Compensation, Dick Molpus for Gov. (MS) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-10-95	500.00 (1N-KIND)

SUBTOTAL of Disbursements This Page (optional)

8500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 9
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Participation 2000

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Andy Farrell 1915 North Underwood Street Arlington, VA. 22205	Compensation, Janet Howell for St. Senate (VA) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (200-10240)
Carrie Gartner 4158 Lake Shore Drive Waco, Texas 76710	Compensation, Wisniewski & Friscia for Assembly (NJ-18) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (200-10240)
Ryan Lippe 1275 Beechlake Drive Columbus, Ohio 43235	Compensation, NJ Democratic Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (200-10240)
Meghan Johnson 1750 Harold Street Houston, Texas 77098	Compensation, Ed Plunkett for Delegate (VA) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (200-10240)
Bill Norris 1011 Hillcrest Drive Neshanic Station, NJ. 08853	Compensation, Gil Cobbs for Delegate (VA) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (200-10240)
Alice Harper 1516 East Edwards Springfield, IL. 62703	Compensation, Dwight Jones for Delegate (VA) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (200-10240)
Amanda ARnovitz 2205 Deodara CV Germantown, TN. 38138	Compensation, Greenwald & Degan for Assembly (NJ-6) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-12-95	500.00 (200-10240)
Aaron Doeppers 2115 Jefferson Street Madison, WS. 53711	Compensation, Couric for State Senate (VA-25) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (200-10240)
Alexis Bar 505 Craig Lane Villanova, PA. 19085	Compensation, Puller for Delegate (VA-44) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-1-95 11-1-95	500.00 500.00 (200-10240)

SUBTOTAL of Disbursements This Page (optional)

8500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Participation 2000

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lepolean Anthony 243 Coburn Lane Somerset, NJ. 08873	Compensation, Barbara Hudgins for Assembly (NJ-7) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-19-95 10-1-95 11-1-95	100.00 500.00 (IN-4140) 400.00
B. Full Name, Mailing Address and ZIP Code Keith Wilson 919 elm Street Panama City, FL. 32401	Purpose of Disbursement Compensation, MS. Democratic Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-25-95	250.00 (IN-4140)
C. Full Name, Mailing Address and ZIP Code Keith Wilson 919 Elm Street Panama City, FL. 32401	Purpose of Disbursement Compensation, Kentucky Democratic Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-1-95	250.00 (IN-4140)
D. Full Name, Mailing Address and ZIP Code Amanda ARnovitz 2205 Deodara cv. Germantown, TN 38138	Purpose of Disbursement Compensation, Barbara Buono for Assembly (NJ-19) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-1-95	500.00 (IN-4140)
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

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SUBTOTAL of Disbursements This Page (optional)

2000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 9
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
Participation 2000

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Alice Harper 1516 East Edwards Springfield, IL. 62703	Travel Expenses, Jones for Delegate (VA-70) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-23-95	74.00
B. Full Name, Mailing Address and ZIP Code Lepolean Anthony 143 Coburn Lane Somerset, NJ 08873	Travel Expenses, Barbara Hudgins for Assembly (NJ-2) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-95	243.04
C. Full Name, Mailing Address and ZIP Code Amanda Arnovitz 2205 Deodara CV. Germantown, TN. 38138	Travel Expenses, Barbara Buono for Assembly (NJ-19) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-95	98.84
D. Full Name, Mailing Address and ZIP Code Rhonda Troutman 1044 Camino La Costa, #3075 Austin, Texas 78752	Travel Expenses, Dalton & Manganello for Assembly (NJ-4) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-15-95	202.24
E. Full Name, Mailing Address and ZIP Code Aida Rullova 3913 McGregor Blvd. Fort Myers, FL. 33901	Travel Expenses, McEachin for Delegate (VA-74) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-8-95	45.40
F. Full Name, Mailing Address and ZIP Code Bill Norris 1011 Hillcrest Drive Neshanic Station, NJ. 08853	Travel Expenses, Gil Cobbs for Delegate (VA-21) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-8-95	23.50
G. Full Name, Mailing Address and ZIP Code Meghan Johnson 1750 Harold Street Houston, Texas 77098	Travel Expenses, Ed Plunkett for delegate (VA-24) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-8-95	186.82
H. Full Name, Mailing Address and ZIP Code Aaron Doeppers 2115 Jefferson Street Madison, WS. 53711	Travel Expenses, Emily Couric for St. Senate (VA-32) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-8-95	90.69
I. Full Name, Mailing Address and ZIP Code Alexis Bar 505 Craig Lane Villanova, PA. 19085	Travel expenses, Toddy Fuller for Delegate (VA-14) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-8-95	25.13

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SUBTOTAL of Disbursements This Page (optional)

989.66

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 8 OF 9
FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)
Participation 2000

0.6030212603

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Suzanne Schreiber 2604 Morrow Road Albuquerque, NM. 87106	Travel Expenses, Fernandez for Mayor Bloomington, IN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-21-95	230.00
B. Full Name, Mailing Address and ZIP Code Ryan Lippe 1275 Beechlake Drive Columbus, Ohio 43235	Travel Expenses, NJ Democratic Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-5-95	87.06
C. Full Name, Mailing Address and ZIP Code Keith Wilson 919 Elm Street Panama city, FL. 32401	Travel Expenses, Kentucky Democratic Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-1-95 11-14-95	123.00 50.00
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)	490.06
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Participation 2000

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Specialty Tours & Travel 3095 S. Parker Road, Suite 150 Aurora, CO. 80014	In-Kind Staff Travel-See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-12-95	2500.00
B. Full Name, Mailing Address and ZIP Code Michelle Marshall 7477 S. Harrison Way Littleton, Colorado 80122	Purpose of Disbursement Travel, Kentucky Democratic Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-12-95	(204.00)
C. Full Name, Mailing Address and ZIP Code Alice Harper 1516 East Edwards Springfield, IL. 62703	Purpose of Disbursement Travel, Dwight Jones for Delegate(VA-70) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-12-95	(172.00)
D. Full Name, Mailing Address and ZIP Code Binh Tuong 9865 Buckingham Drive Eden Prairie, MN. 55347	Purpose of Disbursement Travel, Tiger for State Senate(VA-30) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-12-95	(269.00)
E. Full Name, Mailing Address and ZIP Code Arline Friscia 91 Highview Drive Woodbridge, NJ 07095	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-24-95	In-Kind Travel See Below
F. Full Name, Mailing Address and ZIP Code Carrie Cartner 4158 Lake Shore Drive Waco, Texas 76710	Purpose of Disbursement Travel, Wisniewski & Friscia for Assembly (NJ-18) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-24-95	(327.00)
G. Full Name, Mailing Address and ZIP Code Delta Airlines Washington, D.C.	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-95	501.00 (In-Kind Travel See Below)
H. Full Name, Mailing Address and ZIP Code Keith Wilson 919 Elm Street Panama City, FL. 32401	Purpose of Disbursement Travel, Kentucky Democratic Party Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-95	(246.00)
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)

3328.00

TOTAL This Period (last page this form number only)

DEBTS AND OBLIGATIONS
 Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Participation 2000				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor The American University 4400 Massachusetts Ave., NW Washington, D.C. 20016	-0-	7818.35	1954.14	5864.21
Nature of Debt (Purpose): Facility Rental				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Monmouth University West Long Branch, NJ. 07764	424.85	-0-	-0-	424.85
Nature of Debt (Purpose): Facility Rental				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor David Andrukitis, Inc. Rayburn Building WA-29 Washington, D.C. 20515	-0-	961.25	-0-	961.25
Nature of Debt (Purpose): Printing				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Perkins Cole 607 Fourteenth Street, NW Washington, D.C. 20005	970.75	686.86	-0-	1657.61
Nature of Debt (Purpose): Legal				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Digital Express Group 6800 Virginia Manor Road Beltsville, MD. 20705	-0-	230.00	-0-	230.00
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				9137.92
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				9137.92

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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.

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DATE OF RECEIPT

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PREPARER

1/31/96
DATE PREPARED

060321266