

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) Effective Government Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 607 14th Street, NW, Suite 800	2. FEC IDENTIFICATION NUMBER 00019087699 NOV -4 A 11:16
CITY, STATE and ZIP CODE Washington, DC 20005	3. This committee qualified as a multi-candidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report <input type="checkbox"/> July 31 Mid Year Report (Non-Election Year Only) <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Twelfth day report preceding <u>Nov-02</u> <small>(Type of Election)</small> election on <u>11/15/98</u> in the State of <u>CA</u> <input type="checkbox"/> Thirtieth day report following the General Election on _____ in the State of _____
(b) Is this Report an Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

	SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-To-Date
5.	Covering Period <u>7/1/99</u> through <u>10/27/99</u>		
6.	(a) Cash on Hand January 1, 19 <u>99</u>	\$ 38,136.66	\$ 9,775.87
	(b) Cash on Hand at Beginning of Reporting Period	\$ 35,498.07	\$ 237,675.23
	(c) Total Receipts (From Line 19)	\$ 73,634.73	\$ 247,451.10
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 56,051.39	\$ 229,867.76
7.	Total Disbursements (from Line 30)	\$ 17,583.34	\$ 17,583.34
8.	Cash on Hand at Close of Period (subtract Line 7 from 6(d))	\$ 0.00	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 59,982.88	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Noah Mamet, Treasurer

Signature of Treasurer: Date: 11/2/99

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

NAME OF COMMITTEE Effective Government Committee	REPORT COVERING PERIOD FROM 7/1/99 TO: 10/27/99	
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)	\$7,000.00	\$88,250.00
ii. Unitemized		\$1,200.00
iii. Total	\$7,000.00	\$89,450.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)	\$26,000.00	\$183,500.00
d. Total Contributions	\$33,000.00	\$272,950.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	\$2,402.13	\$3,378.59
16. Refunds of Contribs Made TO Federal Cand/Political Comtee		\$1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	\$93.94	\$346.64
18. Transfers From Nonfederal Account for Joint Activity		
19. Total Receipts	\$38,498.07	\$237,675.23
20. Total Federal Receipts	\$38,498.07	\$237,675.23
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	\$43,551.39	\$172,067.76
c. Total Operating Expenditures	\$43,551.39	\$172,067.76
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Fed Cand/Catcs and Other Political Comtee	\$7,500.00	\$45,500.00
24. Independent Expenditures (Use Schedule E)		
25. Coordinated Expend BY Party Catcs (2 USC 441a(d)-Use Sched F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-\$1,000.00	
b. Political Party Committees		
c. Other Political Committees (such as PACs)	\$2,750.00	\$2,750.00
d. Total Contribution Refunds	\$1,750.00	\$2,750.00
29. Other Disbursements	\$3,250.00	\$9,550.00
30. Total Disbursements (21c, 22, 23, 24, 25, 26, 27, 28d and 29)	\$56,051.39	\$229,867.76
31. Total Fed Disbursements (subtract line 21 a ii from line 30)	\$56,051.39	\$229,867.76
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	\$33,000.00	\$272,950.00
33. Total Contribution Refunds (from line 28d)	\$1,750.00	\$2,750.00
34. Net Contributions (other than loans) (subtract line 33 & 32) ..	\$31,250.00	\$230,200.00
35. Total Federal Operating Expenditures	\$43,551.39	\$172,067.76
36. Offsets to Operating Expenditures (from line 15)	\$2,402.13	\$3,378.59
37. Net Operating Expenditures	\$41,149.26	\$168,689.17

SCHEDULE D

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedule
for each numbered line)

Name of Committee (in Full) Effective Government Committee	Outstanding Balance Beg This Period	Amount Incurred This Period	Payment This Period	Outstanding Bal at Close of Period
A. Full Name, Mailing Addr & Zip of Debtor/Creditor Perkins Cole 607 14th Street, NW Washington, DC 20005	48815.41	24167.47	13000.00	59982.88
Nature of Debt (Purpose): Legal/Accounting Services				
B. Full Name, Mailing Addr & Zip of Debtor/Creditor 				
Nature of Debt (Purpose):				
C. Full Name, Mailing Addr & Zip of Debtor/Creditor 				
Nature of Debt (Purpose):				
D. Full Name, Mailing Addr & Zip of Debtor/Creditor 				
Nature of Debt (Purpose):				
E. Full Name, Mailing Addr & Zip of Debtor/Creditor 				
Nature of Debt (Purpose):				
F. Full Name, Mailing Addr & Zip of Debtor/Creditor 				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				59,982.88
2) TOTAL This Period (last page this line only)				59,982.88
3) TOTAL OUTSTANDING LOANS from Sched C (last page only)				\$0.00
4) ADD 2) and 3) and carry forward to Summary Page (last page only)				59,982.88

SCHEDULE A

ITEMIZED RECEIPTS

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

Page 1 of 1
For Line: 11a1

Any information copied or used 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.

Effective Government Committee

A. Full Name, Address, Zip Code	Name of Employer	Date	Amount
McAuliffe, Terence R. 7527 Old Dominion Drive McLean VA 22102	McAuliffe, Kelly	09/20/99	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): 1999	Occupation Partner	Aggregate Year-To-Date > \$ 5,000.00	
B. Full Name, Address, Zip Code Milstein, Constance 25 West 46th Street, 5th Floor New York NY 10036	Self-Employed	10/07/99	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): 1999	Occupation Investor	Aggregate Year-To-Date > \$ 2,000.00	
C. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$	
D. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$	
E. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$	
F. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$	
G. Full Name, Address, Zip Code	Name of Employer	Date	Amount
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)			\$7,000.00
TOTAL This Period (last page this line number only)			\$7,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

Page 1 of 1
For Line: 110

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Effective Government Committee

A. Full Name, Address, Zip Code Active Ballot Club UPCW 1775 K Street, NW Washington DC 20006-1598 C00002766 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-To-Date > \$ 5,000.00	Date 08/16/99	Amount \$5,000.00
B. Full Name, Address, Zip Code Akin Gump Strauss Hauer Feld 1333 New Hampshire Avenue, NW Washington DC 20036 C00104901 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-To-Date > \$ 5,000.00	Date 10/07/99	Amount \$5,000.00
C. Full Name, Address, Zip Code American Hospital Association PAC 325 Seventh Street, N.W. Washington DC 20004 C00106146 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-To-Date > \$ 5,000.00	Date 09/20/99	Amount \$5,000.00
D. Full Name, Address, Zip Code Dealers Election Action Committee 8400 Westpark Drive McLean VA 22102 C00040998 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-To-Date > \$ 5,000.00	Date 08/20/99	Amount \$5,000.00
E. Full Name, Address, Zip Code NCPSSM PAC 2000 K Street, NW, Suite 800 Washington DC 20006 C00172296 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-To-Date > \$ 4,000.00	Date 10/07/99	Amount \$4,000.00
F. Full Name, Address, Zip Code Realtors PAC 430 N. Michigan Ave. Chicago IL 60611 C00030718 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-To-Date > \$ 2,000.00	Date 08/20/99	Amount \$2,000.00
G. Full Name, Address, 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	Amount
SUBTOTAL of Receipts This Page (Optional)			\$26,000.00
TOTAL This Period (last page this line number only)			\$26,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

Page 1 of 1
For Line: 18

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Effective Government Committee

A. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Bell Atlantic P.O. Box 546 Baltimore MD 21265	Refund	08/19/99	\$214.03
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$ 2,808.31	
B. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Bell Atlantic P.O. Box 646 Baltimore MD 21265	Refund	07/26/99	\$1,751.77
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$ 2,594.28	
C. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Blue Cross Blue Shield 550 12th Street, SW Washington DC 20065	Refund	09/09/99	\$352.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$ 352.00	
D. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Lucent Technologies 2110 Washington Blvd. Arlington VA 22204	Refund	09/09/99	\$84.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$ 84.33	
E. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$	
F. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$	
G. Full Name, Address, Zip Code	Name of Employer	Date	Amount
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).....	\$2,402.13
TOTAL This Period (last page this line number only).....	\$2,402.13

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Effective Government Committee

A. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Citibank F.S.B. 1400 G Street, NW Washington DC 20005	Interest Income	07/30/99	\$42.39
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$ 293.09	
B. Full Name, Address, Zip Code Citibank F.S.B. 1400 G Street, NW Washington DC 20005	Interest Income	08/31/99	\$27.73
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$ 320.82	
C. Full Name, Address, Zip Code Citibank F.S.B. 1400 G Street, NW Washington DC 20005	Interest Income	09/30/99	\$25.82
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$ 346.64	
D. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$	
E. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$	
F. Full Name, Address, Zip Code	Name of Employer	Date	Amount
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-To-Date > \$	
G. Full Name, Address, Zip Code	Name of Employer	Date	Amount
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).....			\$95.94
TOTAL This Period (last page this line number only).....			\$95.94

SCHEDULE B

ITEMIZED DISBURSEMENTS

Two separate SCHEDULES (B) for each category of the Detailed Summary Page

Page 1 of 3
For Line: 21b

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Effective Government Committee

A. Full Name, Address, Zip Code	Purpose of Disbursement	Date	Amount
AF&T 2110 Washington Blvd. Suite 400 Arlington VA 22204	Telephone Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	08/05/99	\$125.18
B. Full Name, Address, Zip Code Bull Atlantic P.O. Box 646 Baltimore MD 21265	Telephone Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	07/22/99	\$95.29
C. Full Name, Address, Zip Code CT39 295 East 5th Street, Suite 302 Eugene OR 97401	Political Consulting Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	07/02/99	\$2,276.89
D. Full Name, Address, Zip Code David L. Andrukitis, Inc. 50 K Street, SE Washington DC 20003	Printing Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	08/31/99	\$3,453.69
E. Full Name, Address, Zip Code Joshua Israel 47 Priscilla Place Barrington RI 02806	Contract Labor Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	08/20/99	\$500.00
F. Full Name, Address, Zip Code FIM Group 406 Sherrow Avenue Falls Church VA 22046	Printing Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	08/05/99	\$1,329.61
G. Full Name, Address, Zip Code Leadership Directories 104 5th Avenue 2nd Floor New York NY 10011	Subscription Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	08/05/99	\$972.89
H. Full Name, Address, Zip Code Media Tel 274 Erannan Street San Francisco CA 94107	Fax Service Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	09/03/99	\$1,910.56
I. Full Name, Address, Zip Code Noah B. Mamet 1815 19th Street # 102 Washington DC 20003	Fundraising Consulting Services Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	07/02/99	\$4,250.00
SUBTOTAL of Disbursements This Page (Optional).....			\$14,914.11
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 3
Form Line: 21b

Any information copied or used 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.

Effective Government Committee

A. Full Name, Address, Zip Code	Purpose of Disbursement	Date	Amount
Noah B. Mamet 1815 19th Street # 102 Washington DC 20003	Fundraising Consulting Services Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	08/05/99	\$4,250.00
Noah B. Mamet 1815 19th Street # 102 Washington DC 20003	Reimbursement Meals Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	08/20/99	\$220.43
Noah B. Mamet 1815 19th Street # 102 Washington DC 20003	Fundraising Consulting Services Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	10/04/99	\$5,083.32
Noah B. Mamet 1815 19th Street # 102 Washington DC 20003	Fundraising Consulting Services Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	08/31/99	\$4,250.00
PayChex P.O. Box 2950 Marrifield VA 22116	Payroll Services Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	07/02/99	\$7.94
PayChex P.O. Box 2950 Marrifield VA 22116	Payroll Services Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	08/05/99	\$38.65
Perkins Cole 607 14th Street, NW Washington DC 20005	Legal/Accounting Services Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	07/02/99	\$10,000.00
Perkins Cole 607 14th Street, NW Washington DC 20005	Legal/Accounting Services Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	08/31/99	\$3,000.00
Steve Elmendorf 105 7th Street, SE Washington DC 20003	Reimbursement Meals Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	07/29/99	\$451.57
SUBTOTAL of Disbursements This Page (Optional).....			\$27,301.91
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: 21b

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Effective Government Committee

A. Full Name, Address, Zip Code	Purpose of Disbursement	Date	Amount
Trans World Airlines Washington DC	Travel Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	09/05/99	\$379.99
B. Full Name, Address, Zip Code Travelers Insurance P.O. Box 520 Lemoyne PA 17043	Insurance Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	08/05/99	\$751.00
C. Full Name, Address, Zip Code U.S. Postmaster Washington DC	Postage Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	08/05/99	\$57.00
D. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
E. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
F. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
G. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
H. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
I. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount

SUBTOTAL of Disbursements This Page (Optional)..... \$1,187.99

TOTAL This Period (last page this line number only)..... \$43,551.39

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

Page 1 of 1
For line: 23

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Effective Government Committee

A. Full Name, Address, Zip Code	Purpose of Disbursement	Date	Amount
Friends of Joe Baca P.O. Box 362 San Bernardino CA 92402 C00325449	Contribution (CA-42) Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen <input checked="" type="checkbox"/> Other: 1000 Special Runoff	08/28/99	\$5,000.00
B. Full Name, Address, Zip Code Friends of Mike Forbes P.O. Box 505 Farmingville NY 11739 C00284306	Contribution (NY-1) Disburse For: <input checked="" type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 2000	08/06/99	\$2,500.00
C. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
D. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
E. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
F. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
G. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
H. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
I. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
SUBTOTAL of Disbursements This Page (Optional).....			\$7,500.00
TOTAL This Period (last page this line number only).....			\$7,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Page 1 of 1
For Line: 28a

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Effective Government Committee

A. Full Name, Address, Zip Code	Purpose of Disbursement	Date	Amount
Agus Setiawan 347 San Leandro Drive Diamond Bar CA 91765	Void-3/97 Check Not Cashed, See Line 29 Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	09/28/99	-\$1,000.00
B. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
C. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
D. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
E. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
F. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
G. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
H. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
I. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
SUBTOTAL of Disbursements This Page (Optional).....			-\$1,000.00
TOTAL This Period (last page this line number only).....			-\$1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Page 1 of 1
Per Line: 28c

Any information copied or used 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.

Effective Government Committee

A. Full Name, Address, Zip Code	Purpose of Disbursement	Date	Amount
Dealers Election Action Committee The National Automobile Dealers Assoc. 2400 Westpark Drive McLean VA 22102	Refund Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	09/30/99	\$5,000.00
B. Full Name, Address, Zip Code Federal Express PAC P.O. Box 1140 Memphis TN 38101	Purpose of Disbursement Void-12/97 Check Not Cashed, See Line 29 Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	09/28/99	-\$1,000.00
C. Full Name, Address, Zip Code Greenberg, Traurig PAC 1501 M Street, NW Washington DC 20005	Purpose of Disbursement Void-7/97 Check Not Cashed, See Line 29 Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	09/28/99	-\$250.00
D. Full Name, Address, Zip Code MCA Political Action Committee 100 Universal City Plaza Universal City CA 91608	Purpose of Disbursement Void-12/97 Check Not Cashed, See Line 29 Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	09/28/99	-\$1,000.00
E. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
F. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
G. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
H. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
I. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount

SUBTOTAL of Disbursements This Page (Optional)..... \$2,750.00

TOTAL This Period (last page this line number only)..... \$2,750.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Page 1 of 1
For Line: 29

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Effective Government Committee

A. Full Name, Address, Zip Code The Children's Inn 7 West Drive Bethesda MD 20814	Purpose of Disbursement Charitable Contribution Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other: 1999	Date 09/28/99	Amount \$3,250.00
B. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
C. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
D. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
E. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
F. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
G. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
H. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
I. Full Name, Address, Zip Code	Purpose of Disbursement Disburse For: <input type="checkbox"/> Pri <input type="checkbox"/> Gen Other:	Date	Amount
SUBTOTAL of Disbursements This Page (Optional).....			\$3,250.00
TOTAL This Period (last page this line number only).....			\$3,250.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>11-4-99</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMW</i> PREPARER	<i>11-4-99</i> DATE PREPARED