

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

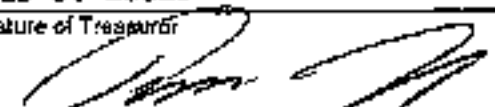
2000 JAN 24 P 2:38

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) ARAB AMERICAN LEADERSHIP PAC		2. FEC IDENTIFICATION NUMBER C00194225
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1600 K, STREET N.W. #601		
CITY, STATE and ZIP CODE WASHINGTON, D.C. 20006		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/99</u> through <u>12/31/99</u>			
6.	(a) Cash on Hand January 1, 19 <u>99</u>		\$ 19,248.33
	(b) Cash on Hand at Beginning of Reporting Period	\$ 13,057.16	
	(c) Total Receipts (from Line 19)	\$ 7,460.00	\$ 7,625.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,517.16	\$ 26,873.33
7.	Total Disbursements (from Line 3D)	\$ 7,919.52	\$ 14,275.69
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12,597.64	\$ 12,597.64
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 Tel: Free 800-424-9530 Local 202-694-1100
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 JAMES J. ZOGBY		Date 1-17-00	
Signature of Treasurer 			

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE ARAB AMERICAN LEADERSHIP PAC		REPORT COVERING PERIOD FROM 7/1/99 TO 12/31/99	
		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)	7,300.00	7,300.00	11(a)(i)
ii. Unitemized	160.00	325.00	11(a)(ii)
iii. Total (add i and ii) >			11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a i, b and c) >	7,460.00	7,625.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	7,460.00	7,625.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >			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			21(b)
c. Total Operating Expenditures (add a i, ii, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,250.00	8,750.00	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. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements	1,669.52	5,529.69	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,919.52	14,275.69	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,460.00	7,625.00	32
33. Total Contribution Refunds (from line 28d)	7,460.00	7,625.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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)
ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TAWFIQ KHOURY 2505 CONGRESS #200 SAN DIEGO, CA. 92110	K. ENTERPRISES Occupation MANAGING DIRECTOR	11-09-99	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NAZIR HUSSAIN 11140 ANTIETAM DR.	SELF-EMPLOYED Occupation BUSINESSMAN	11-09-99	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
SAMIR ABU-GHAZALEH 8901 E. HIDDEN VALLEY RD. SIOUX FALLS, S.D. 57110	SELF-EMPLOYED Occupation PHYSICIAN	11-09-99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MAHMUD THAMER 3 THORNDYKE GARTH PHOENIX, MD. 21131	SELF-EMPLOYED Occupation PHYSICIAN	11-09-99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
THOMAS GEORGE 1585 WEST 117th ST. CLEVELAND, OH. 44107	THE GEORGE GROUP Occupation CEO	12-06-99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

7,300.00

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Page ____ of ____ for
 LINE NUMBER ____
 (Use separate schedules
 for each numbered line)

Name of Committee (in Full) ARAB AMERICAN LEADERSHIP PAC	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payments This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K, STREET, N.W. #601 WASHINGTON, D.C. 20006	189.84	68.58	258.42	--
Nature of Debt (Purpose): OVERHEAD				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K, STREET, N.W. #601 WASHINGTON, D.C. 20006	156.66	398.35	555.01	--
Nature of Debt (Purpose): PERSONNEL				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K, STREET, N.W. #601 WASHINGTON, D.C. 20006	9.67	6.10	15.77	--
Nature of Debt (Purpose): PHONE				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K, STREET, N.W. #601 WASHINGTON, D.C. 20006	500.00	---	500.00	--
Nature of Debt (Purpose): MAILING LIST				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K, STREET, N.W. #601 WASHINGTON, D.C. 20006		8.32	8.32	--
Nature of Debt (Purpose): POSTAGE				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor ARAB AMERICAN INSTITUTE 1600 K, STREET, N.W. #601 WASHINGTON, D.C. 20006		332.00	332.00	--
Nature of Debt (Purpose): COST SHARING/TECHNOLOGY				
SUBTOTALS This Period This Page (optional)				1,669.52
TOTALS This Period (last page in this line only)				
TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				-0-

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

> ARAB AMERICAN LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF KRISTINE GEROGE 18660 WEST VALLEY LANE FAIRVIEW PARK, OH, 44126	CAMPAIGN CONTRI. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-99	250.00
B. Full Name, Mailing Address and ZIP Code COMM. TO ELECT. TIMOTHY BRYAN 1209 PROVIDENCE, N.E. MASSILLON, OH 44606	CAMPAIGN CONTRI. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-26-99	500.00
C. Full Name, Mailing Address and ZIP Code SAM CEJDNENSON RE ELECTION COMM. P.O. BOX 1818 BOZRAH CONN. 06334	CAMPAIGN CONTRI. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-16-99	1,000.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF RAY LAHOOD 4451 BROOKFIELD COUP. DR.#200 CHANTILLY, VA. 20151-1652	CAMPAIGN CONTRI. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-02-99	2,000.00
E. Full Name, Mailing Address and ZIP Code KEEP NICK RAHALL IN CONGRESS 1801 HARPER RD. BACKLEY, WV. 64089	CAMPAIGN CONTRI. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12-02-99	2,000.00
F. Full Name, Mailing Address and ZIP Code SUNUNU FOR CONGRESS	CAMPAIGN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-18-99	500.00
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)

6,250.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 1-18-00
<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	

ML
PREPARER

1-24-00
DATE PREPARED