

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

**RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM**

2000 JAN 20 A 10:32

1. NAME OF COMMITTEE (in full) National Federation of Business and Professional Women's Clubs, Inc. PAC		2. FEC IDENTIFICATION NUMBER C00119545
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 144)	
2012 Massachusetts Avenue, NW CITY, STATE and ZIP CODE Washington, DC 20036		

## 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	COLUMN B
5. Covering Period <u>7/1/99</u> through <u>12/31/99</u>		This Period	Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 <u>99</u>			\$ 41,142.67
(b) Cash on Hand at Beginning of Reporting Period		\$ 59,272.35	
(c) Total Receipts (from line 19)		\$ 12,453.73	\$ 35,513.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 71,726.10	\$ 76,655.68
7. Total Disbursements (from Line 30)		\$ 28,884.19	\$ 33,813.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 42,841.91	\$ 42,841.91
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0.00	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20483  
Toll Free 800-424-9530  
Local 202-219-3420

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 Betty J. Hill	Date January 20, 2000
Signature of Treasurer <i>Betty J. Hill</i>	

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

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

(revised 1/1/91)

NAME OF COMMITTEE National Federation of Business and Professional Women's Clubs, Inc. PAC		REPORT COVERING PERIOD	
		FROM: 7/1/99	TO: 12/31/99
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		3,850.00	4,758.65
ii. Unitemized		8,419.00	30,366.87
ii. Total	(add i and ii) ▶	12,269.00	35,125.52
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions	(add a ii, b and c) ▶	12,269.00	35,125.52
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)		184.75	387.49
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	12,453.75	35,513.01
20. Total Federal Receipts	(subtract line 18 from line 19) ▶	12,453.75	35,513.01
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		884.19	4,313.77
c. Total Operating Expenditures	(Add a i, ii, and b) ▶	884.19	4,313.77
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		28,000.00	29,500.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds	(Add a, b and c) ▶		
29. Other Disbursements			
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	28,884.19	33,813.77
31. Total Federal Disbursements	(subtract line 23 a ii from line 30) ▶	28,884.19	33,813.77
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		12,269.00	35,125.52
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)		12,269.00	35,125.52
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) ▶	884.19	4,313.77
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures	(subtract line 36 from 35) ▶	884.19	4,313.77

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	3
FOR LINE NUMBER		
11a1		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)  
National Federation of Business and Professional Women's Clubs, Inc. PAC

PEC ID No. C00119545

A. Full Name, Mailing Address and ZIP Code Manjul Batra 1616 University Avenue Walnut Creek, CA	Name of Employer Self Employed	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Corporate Realty	Aggregate Year-To-Date \$ 250.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Mary Beth Sudduth, J.D. 5716 Ellevorth Fort Smith, AR 72903	Name of Employer WestArk College	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Exec. Vice President	Aggregate Year-To-Date \$ 250.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Karen Clark Box 1984 Telluride, CO	Name of Employer RE/MAX Telluride, Inc.	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Broker Owner	Aggregate Year-To-Date \$ 250.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Loretta King P.M.B. 334 P.O. Box 880 Rockport, TX 78301	Name of Employer ROS Corp.	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Business Owner	Aggregate Year-To-Date \$ 250.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Barbara Henton 5409 Woodview Pass Midland, MI 48642	Name of Employer Consumers Energy	Date (month, day, year) 7/30/99	Amount of Each Receipt this Period 250.00
	Occupation Manager, Revenue Ser	Aggregate Year-To-Date \$ 273.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Janie Smith P.O. Box 509 Centralia, IA 62901	Name of Employer Whan & Wham	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Attorney	Aggregate Year-To-Date \$ 250.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Sandra Bryan 1151 High Valley Trail Blythewood, SC 29816	Name of Employer Bank of America	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Banker	Aggregate Year-To-Date \$ 250.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) . . . . . 1,750.00

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	OF
	2	3
FOR LINE NUMBER		
11a		

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 (if full)  
**National Federation of Business and Professional Women's Clubs, Inc. PAC**  
 PBC ID No. C00119545

A. Full Name, Mailing Address and ZIP Code Pearl Watson 118 Shepard Avenue South Charleston, WV 25303  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Knit One-Pearl Too	Date (month, day, year) 10/27/99	Amount of Each Receipt this Period 100.00
	Occupation Business Owner Aggregate Year-To-Date \$ 300.00		
B. Full Name, Mailing Address and ZIP Code Barbara W. Clark 9506 saybrook Avenue Silver Spring, MD 20901  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Department of Defense	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Research Analyst Aggregate Year-To-Date \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Diane Hotchkiss 38411 warwickshire Sterling Heights, MI 48312  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer General Motors	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Auto Designer Aggregate Year-To-Date \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Janet Jones 2 Captain's Boulevard Waterford, NY 12186-1157  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Weekenders Fashion Consultant	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Consultant Aggregate Year-To-Date \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Evelyn Smith 4433 Old Post Road Charleston, RI 02813  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dartmouth Homes	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Chief Exec officer Aggregate Year-To-Date \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Sylvia Argel 4806 E. Alta Mesa Avenue Phoenix, AZ 85044  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Phoenix State Government	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Executive Director Aggregate Year-To-Date \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Ann Morrison P.O. Box 877 Gulf Shores, AL 36547-0877  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Blue Cross & Blue shield of AL	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Auditor Aggregate Year-To-Date \$ 250.00		

SUBTOTAL of Receipts This Page (optional)	1,600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)  
**National Federation of Business and Professional Women's Clubs, Inc. PAC**

FEC ID No. C00119545

A. Full Name, Mailing Address and ZIP Code Susan Dailey 682 Wilcox Road Arlington, VT 05250	Name of Employer Dailey & Dailey	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Attorney	Aggregate Year-To-Date \$ 250.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Leslie Wilkins 508 Kauliwi Drive Wailuku, HI 96793	Name of Employer Maui Economic Development Board	Date (month, day, year) 7/22/99	Amount of Each Receipt this Period 250.00
	Occupation Consultant	Aggregate Year-To-Date \$ 250.00	
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
	Occupation	Aggregate Year-To-Date \$	
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
	Occupation	Aggregate Year-To-Date \$	
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
	Occupation	Aggregate Year-To-Date \$	
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
	Occupation	Aggregate Year-To-Date \$	
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
	Occupation	Aggregate Year-To-Date \$	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	3,850.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		17

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NAME OF COMMITTEE (in full)  
**National Federation of Business and Professional Women's Clubs, Inc. PAC**

FEC ID No. C00119545

A. Full Name, Mailing Address and ZIP Code <b>First Union National Bank</b> P.O. Box 13327 Roanoke, VA 24040-7314	Name of Employer <b>Interest Income</b>	Date (month, day, year) 7/1/99- 12/31/99	Amount of Each Receipt this Period 184.75
	Occupation	Aggregate Year-To-Date \$ 387.49	
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
	Occupation	Aggregate Year-To-Date \$	
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
	Occupation	Aggregate Year-To-Date \$	
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
	Occupation	Aggregate Year-To-Date \$	
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
	Occupation	Aggregate Year-To-Date \$	
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
	Occupation	Aggregate Year-To-Date \$	
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
	Occupation	Aggregate Year-To-Date \$	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	184.75
TOTAL This Period (last page this line number only)	184.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	DF
	1	1
FOR LINE NUMBER		
21b		

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NAME OF COMMITTEE (in full)  
 National Federation of Business and Professional Women's Clubs, Inc. PAC  
 FEC ID No. C00119545

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Louise A. Sienko 29 W. Main Street Bancroft, NY 13783	Postage, Fed Exp, Tele Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/99	125.00
B. Full Name, Mailing Address and ZIP Code Trudy Waldrup 2012 Massachusetts Ave., NW Washington, DC 20036	Postage, FAX Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/99	13.19
C. Full Name, Mailing Address and ZIP Code Gilbert & Wolfand, P.C. 2201 Wisconsin Ave., NW Washington, DC 20007	Accounting services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/99	621.00
D. Full Name, Mailing Address and ZIP Code Louise A. Sienko 29 West Main Street Bancroft, NJ 13783	Postage, Fed Exp, Tele Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/99	125.00
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)			884.19
TOTAL This Period (last page this line number only)			884.19

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in full): **National Federation of Business and Professional Women's Clubs, Inc. PAC** FEC ID No. C00119545

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Woolsey for Congress P.O. Box 750176 Petaluma, CA 94975	Cand Contri CA-D-6th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/99	500.00
Senk 2000 P.O. Box 22034 Seattle, WA 98722	Cand Contri WA-D-Sen Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/99	500.00
Sanchez for Congress 6282 Occoquan Forest Dr. Manassas, VA 22111	Cand Contri CA-D-46th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/99	500.00
Berkly 2000 P.O. Box 2084 Washington, DC 20013	Cand Contri NV-D-1st Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/99	500.00
Boeffel for Congress 24 West Airy Street Norristown, PA 19401	Cand Contri PA-D-13th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/99	1,000.00
Ayllam Schwartz 2000 P.O. Box 35256 Philadelphia, PA 19119	Cand Contri PA-D-Sen Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/99	2,500.00
Senk 2000 P.O. Box 22034 Seattle, WA 98722	Candi Contri WA-D-Sen Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/99	2,000.00
Stabenow for Senate 436 New Jersey Ave., 52 Washington, DC 20003	Candi Contri MI-D-Sen Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/99	5,000.00
Elaine Bloom for Congress 5255 Collins Avenue Miami Beach, FL 33140	Candi Contri FL-D-22nd Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/12/99	1,000.00

SUBTOTAL of Disbursements This Page (optional) 13,500.00

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	OF
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FOR LINE NUMBER		
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NAME OF COMMITTEE (in Full) National Federation of Business and Professional Women's Clubs, Inc. PAC				FEC ID No. C00119545	
A. Full Name, Mailing Address and ZIP Code Susan Davis for Congress P.O. Box 84049 San Diego, CA 92138	Purpose of Disbursement Cand Contri CA-D-49th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/12/99	Amount of Each Disbursement This Period 1,000.00		
B. Full Name, Mailing Address and ZIP Code Jane Frederick for Congress P.O. Box 503 Beaufort, SC 29901	Purpose of Disbursement Cand Contri SC-D-2nd Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/12/99	Amount of Each Disbursement This Period 1,000.00		
C. Full Name, Mailing Address and ZIP Code Regina Montoya Coggins for Congress 6333 E. Mockingbird, #147 Dallas, TX 75214	Purpose of Disbursement Cand Contri TX-D-5th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/12/99	Amount of Each Disbursement This Period 1,000.00		
D. Full Name, Mailing Address and ZIP Code Mary Rieder for Congress Bear Creek Road P.O. Box 9250 Rochester, MN 55903	Purpose of Disbursement Cand Contri MN-D-1st Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/12/99	Amount of Each Disbursement This Period 500.00		
E. Full Name, Mailing Address and ZIP Code Ryan for Congress Committee P.O. Box 16185 Tucson, AZ 85732	Purpose of Disbursement Cand Contri AZ-D-5th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/12/99	Amount of Each Disbursement This Period 500.00		
F. Full Name, Mailing Address and ZIP Code Judy Smith for Congress P.O. Box 1011 Camden, AR 71711	Purpose of Disbursement Cand Contri AR-D-4th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/12/99	Amount of Each Disbursement This Period 1,000.00		
G. Full Name, Mailing Address and ZIP Code Gash for Congress P.O. Box 179 Deerfield, IL 60015	Purpose of Disbursement Cand Contri IL-D-10th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/12/99	Amount of Each Disbursement This Period 3,000.00		
H. Full Name, Mailing Address and ZIP Code Nancy Keenan for Congress P.O. Box 9249 Helena, MT 59604	Purpose of Disbursement Cand Contri MT-D-1st Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/12/99	Amount of Each Disbursement This Period 3,000.00		
I. Full Name, Mailing Address and ZIP Code Byrum for Congress P.O. Box 4261 Lansing, MI 48509	Purpose of Disbursement Cand Contri MI-D-8th Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/17/99	Amount of Each Disbursement This Period 3,000.00		
SUBTOTAL of Disbursements This Page (optional)			14,000.00		
TOTAL This Period (last page this line number only)					

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	3	3
FOR LINE NUMBER		
		23

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NAME OF COMMITTEE (in full)  
**National Federation of Business and Professional Women's Clubs, Inc. PAC**

FEC ID No. C00119545

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Andrews for Congress P.O. Box 295 Oaklyn, NJ 08107	Cand Contri NJ-D-1st Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/99	500.00
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) . . . . . 28,000.00

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>1-24-00</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>SL</i> PREPARER	<i>1-24-00</i> DATE PREPARED