

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 16 A 11:36

✓ C00328666 091900 P 271
 BERTRAM W COFFER
 AMERICAN SPIRIT PAC
 3901 BARRETT DR STE 311
 PO BOX 20162
 RALEIGH NC 27609

red.

2. FEC IDENTIFICATION NUMBER
 C00328666
 3. This committee 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

- 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
5. Covering Period <u>07/01/2000</u> through <u>09/30/2000</u>		
6. (a) Cash on Hand January 1, 19 <u>00</u>		\$21470.01
(b) Cash on Hand at Beginning of Reporting Period	\$57261.30	
(c) Total Receipts (from Line 19)	\$48929.84	\$159312.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$106191.14	\$180782.69
7. Total Disbursements (from Line 30)	\$33947.64	\$108539.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$72243.50	\$72243.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

For further information contact:
 Federal Election Commission
 550 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
 Bertram W. Coffey
 Signature of Treasurer *Bertram W. Coffey* Date 10/15/00

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

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

(revised 1/1/91)

NAME OF COMMITTEE The American Splrit Political Action Committee		REPORT COVERING PERIOD FROM 07/01/2000 TO: 09/30/2000	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	\$21375.00	\$85625.00	11(a)(i)
ii. Unitemized	\$22490.58	\$69823.42	11(a)(ii)
iii. Total (add i and ii)	\$43865.58	\$152248.42	11(a)(iii)
b. Political Party Committees	\$0.00	\$0.00	11(b)
c. Other Political Committees (such as PACs)	\$5000.00	\$7000.00	11(c)
d. Total Contributions (add a, b and c)	\$48865.58	\$159248.42	11(d)
12. Transfers From Affiliated/Other Party Committees	\$0.00	\$0.00	12
13. All Loans Received	\$0.00	\$0.00	13
14. Loan Repayments Received	\$0.00	\$0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	\$64.26	\$64.26	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	\$0.00	\$0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	\$0.00	\$0.00	17
18. Transfers from Nonfederal Account for Joint Activity	\$0.00	\$0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	\$48929.84	\$159312.88	19
20. Total Federal Receipts (subtract line 18 from line 19)	\$48929.84	\$159312.88	20
II. DISBURSEMENTS			
21. Operating Expenditures:			
a. Shared Federal/Non Federal Activity (from Schedule H4)			
i. Federal Share	\$0.00	\$0.00	21(a)(i)
ii. Non-Federal Share	\$0.00	\$0.00	21(a)(ii)
b. Other Federal Operating Expenditures	\$25947.64	\$92539.19	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	\$25947.64	\$92539.19	21(c)
22. Transfers to Affiliated/Other Party Committees	\$0.00	\$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$8500.00	\$12500.00	23
24. Independent Expenditures (use Schedule E)	\$0.00	\$0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d))(use Schedule F)	\$0.00	\$0.00	25
26. Loan Repayments Made	\$0.00	\$0.00	26
27. Loans Made	\$0.00	\$0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	\$0.00	\$0.00	28(a)
b. Political Party Committees	\$0.00	\$0.00	28(b)
c. Other Political Committees (such as PACs)	\$0.00	\$0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	\$0.00	\$0.00	28(d)
28. Other Disbursements	\$1500.00	\$3500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$33947.64	\$108539.19	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	\$33947.64	\$108539.19	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	\$48865.58	\$159248.42	32
33. Total Contribution Refunds (from line 28d)	\$0.00	\$0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$48865.58	\$159248.42	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	\$25947.64	\$92539.19	35
36. Offsets to Operating Expenditures (from line 15)	\$64.26	\$64.26	36
37. Net Operating Expenditures (subtract line 36 from 35)	\$25883.38	\$92474.93	37

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be used as 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)
The American Spirit Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code Frank R. Auman 405 Waycross Drive Greensboro, NC 27410-6055</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self Employed</p> <p>Occupation DEVELOPER</p> <p>Aggregate Year-to-Date -> \$550.00</p>	<p>Date (month, day, year) 09/08/200</p>	<p>Amount of Each Receipt this Period \$400.00</p>
<p>B. Full Name, Mailing Address and Zip Code Paul Harringer Box 829 Weldon, NC 27890-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Coastal Lumber Co</p> <p>Occupation President</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 09/22/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Allen E., Jr. Berry 2130 South Burrys Chapel Road Franklin, TN 37069-8302</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self</p> <p>Occupation Farmer</p> <p>Aggregate Year-to-Date -> \$1025.00</p>	<p>Date (month, day, year) 09/12/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Mary Elizabeth Bissette PO Box 235 Tyner, NC 27980-0235</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> \$400.00</p>	<p>Date (month, day, year) 09/13/200</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>E. Full Name, Mailing Address and Zip Code W. W. Boyd PO Box 1147 Tallahassee, FL 32302-1147</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation MECHANICAL ENGINEER</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 09/22/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Ann C. Cannon PO Box 1210 Concord, NC 28026-1210</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Spencer's</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date -> \$300.00</p>	<p>Date (month, day, year) 09/14/200</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>G. Full Name, Mailing Address and Zip Code Dr. Donald G. Cheek 752 Hartness Road Statesville, NC 28677-3425</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self Employed</p> <p>Occupation Dentist</p> <p>Aggregate Year-to-Date -> \$300.00</p>	<p>Date (month, day, year) 09/14/200</p>	<p>Amount of Each Receipt this Period \$200.00</p>

SUBTOTAL of Receipts This Page (optional)	\$3450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 The American Spirit Political Action Committee

A. Full Name, Mailing Address and Zip Code Ronald Corelli Lawrence Farms East 1 White Oak Lane Chappaqua, NY 10514-1809 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 09/11/200	Amount of Each Receipt this Period \$500.00
	Occupation Farmer	Aggregate Year-to-Date -> \$500.00	
B. Full Name, Mailing Address and Zip Code Harold F. Cowles 175 North Cove Road Old Saybrook, CT 06475-2567 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Employed	Date (month, day, year) 09/11/200	Amount of Each Receipt this Period \$500.00
	Occupation Consultant	Aggregate Year-to-Date -> \$600.00	
C. Full Name, Mailing Address and Zip Code Mark R. Craig 1620 Fairfax Road Greensboro, NC 27407- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Barringer Wholesale	Date (month, day, year) 09/14/200	Amount of Each Receipt this Period \$1000.00
	Occupation Executive	Aggregate Year-to-Date -> \$1000.00	
D. Full Name, Mailing Address and Zip Code James A. DeGanahl 655 Red Wing Drive Lake Mary, FL 32746-5131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired	Date (month, day, year) 09/11/200	Amount of Each Receipt this Period \$1000.00
	Occupation Retired	Aggregate Year-to-Date -> \$1000.00	
E. Full Name, Mailing Address and Zip Code Nelson S. Dilworth 2097 Begonia Court Hemet, CA 92345-5769 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired	Date (month, day, year) 08/18/200	Amount of Each Receipt this Period \$250.00
	Occupation Retired	Aggregate Year-to-Date -> \$250.00	
F. Full Name, Mailing Address and Zip Code Susan W. Dulin 2405 County Road, #501 Bayfield, CO 81122-9342 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Homemaker	Date (month, day, year) 09/19/200	Amount of Each Receipt this Period \$250.00
	Occupation Homemaker	Aggregate Year-to-Date -> \$250.00	
G. Full Name, Mailing Address and Zip Code Hugh G. Fassett 6410 Harvard Avenue Tulsa, OK 74137-1716 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Fassett Management & Co.	Date (month, day, year) 09/11/200	Amount of Each Receipt this Period \$500.00
	Occupation Pension Consultant	Aggregate Year-to-Date -> \$525.00	

SUBTOTAL of Receipts This Page (optional)	\$4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 The American Spirit Political Action Committee

<p>A. Full Name, Mailing Address and Zip Code George W., Jr. Killauer PO Box 1678 Chattanooga, TN 37401-1678</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Bergen Brunswig Medical Corp</p> <p>Occupation PURCHASING AGENT</p> <p>Aggregate Year-to-Date -> \$300.00</p>	<p>Date (month, day, year) 09/08/200</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>B. Full Name, Mailing Address and Zip Code Betty Shull Griffin 1633 East Morehead Street Charlotte, NC 28207-1607</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Homemaker</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date -> \$1100.00</p>	<p>Date (month, day, year) 09/08/200</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>C. Full Name, Mailing Address and Zip Code Mary M. Harris 7944 Westcove Drive Denver, NC 28037-8036</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Canon, USA</p> <p>Occupation Sales</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 09/20/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Edward Jones PO Box 2695 Drexel, NC 28619-2695</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Allergy Testers</p> <p>Occupation Medical Doctor</p> <p>Aggregate Year-to-Date -> \$350.00</p>	<p>Date (month, day, year) 09/27/200</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>E. Full Name, Mailing Address and Zip Code David K. Karnes 417 South 33rd Street Omaha, NE 68114-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 09/19/200</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Thomas Lamoreaux PO Box 130 Comstock Park, MI 49321-0130</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Lamoreaux Drug Company, Inc.</p> <p>Occupation PHARMACIST</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 08/04/200</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Mrs. Thomas Ellis Leslie PO Box 11466 Charlotte, NC 28220-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> \$600.00</p>	<p>Date (month, day, year) 09/11/200</p>	<p>Amount of Each Receipt this Period \$300.00</p>

SUBTOTAL of Receipts This Page (optional)	\$3450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7
FOR LINE NUMBER 11(a) 11

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NAME OF COMMITTEE (In Full)
The American Spirit Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. E. Logan P.O. Box 8 4501 Taylorsville Lake Road Fishersville, KY 40023-0008	Retired	09/11/200	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> \$500.00	
B. Full Name, Mailing Address and Zip Code Fern Mayfield 8728 North Em 148 Terrell, TX 75160-7416	Retired	09/13/200	\$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> \$500.00	
C. Full Name, Mailing Address and Zip Code Cullen J. McWhorter 115 Kolb Road Houston, TX 77017-7302	Retired	09/12/200	\$750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> \$850.00	
D. Full Name, Mailing Address and Zip Code James L. Munroe 1455 Magellan Circle Orlando, FL 32818-6737	Retired	08/04/200	\$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> \$175.00	
E. Full Name, Mailing Address and Zip Code James L. Munroe 1455 Magellan Circle Orlando, FL 32818-6737	Retired	09/06/200	\$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> \$200.00	
F. Full Name, Mailing Address and Zip Code James L. Munroe 1455 Magellan Circle Orlando, FL 32818-6737	Retired	09/27/200	\$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> \$225.00	
G. Full Name, Mailing Address and Zip Code Robert H. Neill 5521 Londonderry Road Charlotte, NC 28210-	Bob Neill & Assoc., Inc.	09/08/200	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Real Estate	Aggregate Year-to-Date -> \$1000.00	

SUBTOTAL of Receipts This Page (optional)	\$2625.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)			
The American Spirit Political Action Committee			
A. Full Name, Mailing Address and Zip Code John R. O'Connell PO Box 1323 New York, NY 10008-1323 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Bell Atlantic Telephone Co. Occupation INSTALLER	Date (month, day, year) 09/20/200	Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1050.00
B. Full Name, Mailing Address and Zip Code Virginia L. Overton 1634 Green Ridge Lane Rocky Mount, NC 27804- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired	Date (month, day, year) 09/08/200	Amount of Each Receipt this Period \$500.00 Aggregate Year-to-Date -> \$540.00
C. Full Name, Mailing Address and Zip Code Wayne A. Pickard Post Office Box 613 Brandon, FL 33509-0613 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Employed Occupation Physician	Date (month, day, year) 09/08/200	Amount of Each Receipt this Period \$250.00 Aggregate Year-to-Date -> \$350.00
D. Full Name, Mailing Address and Zip Code Andrew Fritchard PO Box 989 Madison, GA 30650- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired	Date (month, day, year) 09/11/200	Amount of Each Receipt this Period \$150.00 Aggregate Year-to-Date -> \$250.00
E. Full Name, Mailing Address and Zip Code Charles Reynolds 35 Outerbridge Circle Hilton Head Island, SC 29926-2915 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired	Date (month, day, year) 09/14/200	Amount of Each Receipt this Period \$200.00 Aggregate Year-to-Date -> \$1200.00
F. Full Name, Mailing Address and Zip Code Steven D. Sosen Central Ohio Association PO Box 603 New York, NY 10024-0603 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer RBS Mansfield Corp. Occupation Real Estate	Date (month, day, year) 09/11/200	Amount of Each Receipt this Period \$200.00 Aggregate Year-to-Date -> \$350.00
G. Full Name, Mailing Address and Zip Code A. Pennington Sailer 94 Lily Valley Road Pipersville, PA 18947-1635 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Retired	Date (month, day, year) 09/19/200	Amount of Each Receipt this Period \$500.00 Aggregate Year-to-Date -> \$550.00

SUBTOTAL of Receipts This Page (optional)	\$2600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 7
FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (In Full) The American Spirit Political Action Committee				
A. Full Name, Mailing Address and Zip Code Trawick H., Jr. Stubbs PO Box 1654 New Bern, NC 28563-		Name of Employer Self Employed Occupation Attorney	Date (month, day, year) 09/19/200	Amount of Each Receipt this Period \$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 Betty S. Wheeler 4807 South Saint Andrews Lane Spokane, WA 99223-4304		Name of Employer Self Employed Occupation Investor	Date (month, day, year) 09/11/200	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$1000.00		
C. Full Name, Mailing Address and Zip Code Mrs. L. J., Jr. Whitmeyer RR 1 Box 110 Colmesneil, TX 75939-		Name of Employer Homemaker Occupation Homemaker	Date (month, day, year) 09/11/200	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$700.00		
D. Full Name, Mailing Address and Zip Code Larry W. Woolard 719 Lipscomb Road Greensboro, NC 27410-4326		Name of Employer Retired Occupation Retired	Date (month, day, year) 09/08/200	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$250.00		
E. Full Name, Mailing Address and Zip Code Doyle Yager 7098 Anchorage Court Fort Mill, SC 29715-		Name of Employer Internet Services Occupation Executive	Date (month, day, year) 09/27/200	Amount of Each Receipt this Period \$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 Holly L. Yager 7098 Anchorage Lane Tega Cay, SC 29715-		Name of Employer Homemaker Occupation Homemaker	Date (month, day, year) 09/27/200	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$500.00		
G. Full Name, Mailing Address and Zip Code Jeffrey S. Yager 2599 Vineyard Road Fort Mill, SC 29715-		Name of Employer Internet Services Occupation Executive	Date (month, day, year) 09/27/200	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$500.00		

SUBTOTAL of Receipts This Page (optional)	\$3350.00
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)
 The American Spirit Political Action Committee

A. Full Name, Mailing Address and Zip Code Lorryn Yager 150 Lake Point Drive Fort Mill, SC 29715- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 09/27/200	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and Zip Code Rhonda B. Yager 2689 Vineyard Road Fort Mill, SC 29708- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Homemaker Occupation Homemaker Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 09/27/200	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and Zip Code Steven Yager 150 Lakepointe Drive Fort Mill, SC 29715- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Internet Services Occupation Executive Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 09/27/200	Amount of Each Receipt this Period \$500.00
D. Full Name, Mailing Address and Zip Code F. Cgburn Yates 2172 Stone Bridge Road Tot Hill Farm Asheboro, NC 27203- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Farmer Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 09/06/200	Amount of Each Receipt this Period \$200.00
E. 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
F. 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
G. 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

SUBTOTAL of Receipts This Page (optional)	\$1700.00
TOTAL This Period (last page this line number only)	\$21375.00

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such deposits 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)
 The American Spirit Political Action Committee

A. Full Name, Mailing Address and Zip Code Glaxo Wellcome PAC 01 Bix 13398 Res. Triangle Park, NC 27709-3398 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer PAC	Date (month, day, year) 07/07/200	Amount of Each Receipt this Period \$5000.00
	Occupation PAC	Aggregate Year-to-Date -> \$5000.00	
B. 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	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
C. 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	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
D. 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	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
E. 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	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
F. 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	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	
G. 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	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date ->	

SUBTOTAL of Receipts This Page (optional)	\$5000.00
TOTAL This Period (last page this line number only)	\$5000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 financial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 The American Spirit Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell South PO Box 70807 Charlotte, NC 28272-0807	Telephone Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/24/200	\$68.45
Bell South PO Box 70807 Charlotte, NC 28272-0807	Telephone Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/200	\$69.24
Bell South PO Box 70807 Charlotte, NC 28272-0807	Telephone Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/200	\$69.24
Carroll Printing Company 2522 South Wilmington Street Raleigh, NC 27603-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/200	\$838.46
Carroll Printing Company 2522 South Wilmington Street Raleigh, NC 27603-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/200	\$697.48
Central Carolina Bank 3620 Six Forks Road Raleigh, NC 27609-	Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/15/200	\$1432.72
Central Carolina Bank 3620 Six Forks Road Raleigh, NC 27609-	Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/200	\$1432.72

SUBTOTAL of Disbursements This Page (optional)	\$4608.31
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the detailed summary page

Any information copied from such Reports and statements may not be 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)
The American Spirit Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Central Carolina Bank 3620 Six Forks Road Raleigh, NC 27609-	Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/14/200	\$2259.54
B. Full Name, Mailing Address and Zip Code Central Carolina Bank Bankcard Services PO Box 1846 Durham, NC 27702-	Purpose of Disbursement See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 08/01/200	Amount of Each Disbursement This Period \$20.00
C. Full Name, Mailing Address and Zip Code Central Carolina Bank Bankcard Services PO Box 1846 Durham, NC 27702-	Purpose of Disbursement See Below Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 08/01/200	Amount of Each Disbursement This Period \$64.98
D. Full Name, Mailing Address and Zip Code Fallons Creative Flowers 700 St. Mary's Street Raleigh, NC 27605-	Purpose of Disbursement Flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 08/01/200	Amount of Each Disbursement This Period \$64.98 MEMO
E. Full Name, Mailing Address and Zip Code Thomas Paul DeWitt 1112 Seabrook Avenue Cary, NC 27511-	Purpose of Disbursement Copy Writing Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 07/24/200	Amount of Each Disbursement This Period \$500.00
F. Full Name, Mailing Address and Zip Code Judy R. Edwards 5840 Coffey Street Raleigh, NC 27604-	Purpose of Disbursement Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 08/25/200	Amount of Each Disbursement This Period \$1060.75
G. Full Name, Mailing Address and Zip Code Judy R. Edwards 5840 Coffey Street Raleigh, NC 27604-	Purpose of Disbursement July/Aug/Sept Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 08/16/200	Amount of Each Disbursement This Period \$100.00

SUBTOTAL of Disbursements This Page (optional)	\$4005.27
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The American Spirit Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Judy R. Edwards 5840 Coffey Street Raleigh, NC 27604-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/08/200	\$1060.75
Judy R. Edwards 5840 Coffey Street Raleigh, NC 27604-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/11/200	\$1060.75
Judy R. Edwards 5840 Coffey Street Raleigh, NC 27604-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/28/200	\$1060.75
Judy R. Edwards 5840 Coffey Street Raleigh, NC 27604-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/22/200	\$1060.75
Judy R. Edwards 5840 Coffey Street Raleigh, NC 27604-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/14/200	\$1060.75
Employment Security Commission of North Carolina PO Box 26504 Raleigh, NC 27611-6504	Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/14/200	572.54
Fallons Creative Flowers 700 St. Mary's Street Raleigh, NC 27605-	Flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/12/200	\$203.68

SUBTOTAL of Disbursements This Page (optional)	\$5579.97
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 The American Spirit Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FedEx PO Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/26/200	\$12.22
FedEx PO Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/200	\$14.36
Helm's for Senate Committee PO Box 20699 Raleigh, NC 27619-	Rent and Office Equipment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/200	\$300.00
Helm's for Senate Committee PO Box 20699 Raleigh, NC 27619-	Rent & Office Equipmt Use Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/200	\$300.00
Helm's for Senate Committee PO Box 20699 Raleigh, NC 27619-	Rent & Office Equipment Use Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/200	\$300.00
Management Data Systems 304-D West Millbrook Road Raleigh, NC 27609-	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/11/200	\$713.62
NC Department of Revenue PO Box 25000 Raleigh, NC 27640-0615	Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/200	\$1032.98

SUBTOTAL of Disbursements This Page (optional)	\$2673.18
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 The American Spirit Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cathy A. Singleton 905 Hemingway Drive Raleigh, NC 27609-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/15/200	\$827.04
Cathy A. Singleton 905 Hemingway Drive Raleigh, NC 27609-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/14/200	\$827.04
Cathy A. Singleton 905 Hemingway Drive Raleigh, NC 27609-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/25/200	\$827.04
Cathy A. Singleton 905 Hemingway Drive Raleigh, NC 27609-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/28/200	\$827.04
Cathy A. Singleton 905 Hemingway Drive Raleigh, NC 27609-	Postage/Computer assistance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/22/200	\$35.00
Cathy A. Singleton 905 Hemingway Drive Raleigh, NC 27609-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/08/200	\$827.04
Cathy A. Singleton 905 Hemingway Drive Raleigh, NC 27609-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/11/200	\$827.04

SUBTOTAL of Disbursements This Page (optional)	\$4997.24
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category of the detailed summary Page

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NAME OF COMMITTEE (In Full)
 The American Spirit Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Southside Mailing Service PO Box 25217 Raleigh, NC 27611-	Mail Shop Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/200	\$355.00
B. Full Name, Mailing Address and Zip Code Sports Marketing Enterprises % Joan Roggenkamp PO Box 484 Winston-Salem, NC 27102-0484	Gift Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/26/200	\$226.00
C. Full Name, Mailing Address and Zip Code US Postal Service Raleigh, NC 27619-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/27/200	\$1414.97
D. Full Name, Mailing Address and Zip Code US Postal Service Raleigh, NC 27619-	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/22/200	\$1352.67
E. Full Name, Mailing Address and Zip Code US Postal Service Raleigh, NC 27619-	Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/200	\$66.00
F. Full Name, Mailing Address and Zip Code US Senate Restaurant First & C Street, NE Washington, DC 20510-	Lunches Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/24/200	\$623.78
G. Full Name, Mailing Address and Zip Code		/ /	

SUBTOTAL of Disbursements This Page (optional)	\$4035.42
TOTAL This Period (last page this line number only)	\$25899.39

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
 The American Spirit Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Abraham Fox Senate 2000 26555 Evergreen Road, Suite 1220 Southfield, MI 48076-	R-MI US Senate - General 2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/19/200	\$1000.00
B. Full Name, Mailing Address and Zip Code Gullick for Congress PO Box 2648 Rock Hill, SC 29732-	Purpose of Disbursement R-SC House General 2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/27/200	Amount of Each Disbursement This Period \$500.00
C. Full Name, Mailing Address and Zip Code Walter B. Jones for Congress PO Box 99667 Raleigh, NC 27624-	Purpose of Disbursement R-NC US House 2nd District G2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/11/200	Amount of Each Disbursement This Period \$1000.00
D. Full Name, Mailing Address and Zip Code Nappingly for Senate, Inc. PO Box 11641 Atlanta, GA 30355-	Purpose of Disbursement R-GA US Senate G2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/11/200	Amount of Each Disbursement This Period \$1000.00
E. Full Name, Mailing Address and Zip Code Bill McCullum for US Senate 605 East Robinson Street, Suite 105 Orlando, FL 32801-	Purpose of Disbursement R-FL US Senate - General 2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/19/200	Amount of Each Disbursement This Period \$1000.00
F. Full Name, Mailing Address and Zip Code Sand for Senate 1029 North 5th Street Bismarck, ND 58501-	Purpose of Disbursement R-ND US Senate - General 2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/19/200	Amount of Each Disbursement This Period 52000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year) / /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$6500.00
TOTAL This Period (last page this line number only)	\$6500.00

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)
The American Spirit Political Action Committee

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Art Pope for N. C. House 304 Forayth Drive Raleigh, NC 27609-	2000 Gen (R) NC House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/29/200	\$1000.00
B. Full Name, Mailing Address and Zip Code Shallcross for Senate PO Box 1524 Smithfield, NC 27577-	Purpose of Disbursement R-NC Senate Dist 11 G2000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/11/200	\$500.00

SUBTOTAL of Disbursements This Page (optional)	\$1500.00
TOTAL This Period (last page this line number only)	\$1500.00

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10/10/06
<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	
 PREPARER	10/10/06 DATE PREPARED