

RECEIVED
FEC MAIL ROOM

2001 MAR -2 A 9 08

FREE CUBA PAC

February 23, 2001

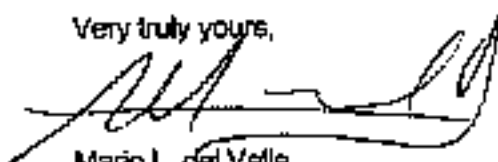
Kenneth Davis
Reports Analysis Division
Federal Election Commission
999 E. Street, NW
Washington, D.C. 20463

Dear Mr. Davis:

Enclosed please find our organization's 30-Day Post-Election Report.

If you have any questions, please do not hesitate to contact me at (305) 725-0792.

Very truly yours,



Mario L. del Valle
Treasurer

2895 Le Jeune Road, 3rd Floor
Coral Gables, Florida 33134

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
EC MAIL ROOM

200 MAR -2 A 9 08

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

Firelei Curbia P.A.C. Inc.

ADDRESS (number and street) 2695 La Jevine Road - 3rd Floor

Check if different than previously reported. (ACC) Coral Gables FL 33134

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000142117 NEW OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for this:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on in the State of

(d) 30-Day POST-Election Report for this:

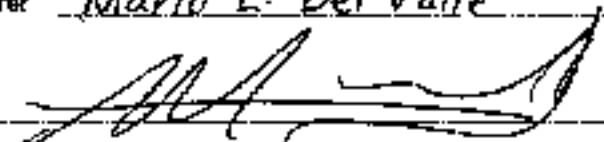
General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 10 01 2000 through 11 27 2000

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 Mario L. Del Valle

Signature of Treasurer  Date 02 2001

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

To:

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,

(b) Cash on Hand at Beginning of Reporting Period

(c) Total Receipts (from Line 19)

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)

7. Total Disbursements (from Line 30)

B. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))

B. 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)

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 30X (Revised 1/01)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)		
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii))		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)		
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)		
20. Total Federal Receipts (subtract Line 16 from Line 19)		

**DETAILED SUMMARY PAGE
of Disbursements**

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share			
(ii) Non-Federal Share			
(b) Other Federal Operating Expenditures			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	▶		
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
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 Lines 28(a), (b), and (c))	▶		
29. Other Disbursements			
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	▶		
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	▶		
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from Line 11(d), page 3)			
33. Total Contribution Refunds (from Line 28(d))			
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)			
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	▶		
36. Offsets to Operating Expenditures (from Line 15, page 3)			
37. Net Operating Expenditures (subtract Line 36 from Line 35)	▶		

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)
Free Cuba PAC, Inc.

A. Garrido, Jose, A.
 Full Name (Last, First, Middle Initial)
 Mailing Address
430 Grand Bay Drive
 City **Key Biscayne** State **FL** Zip Code **33149**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: _____ Occupation: **Food Wholesaler**
 Receipt For: Primary General Other (specify) _____
 Aggregate Year-to-Date: _____

Date of Receipt
10 02 2000
 Amount of Each Receipt this Period
500.00

B. De La Fe, Ernesto
 Full Name (Last, First, Middle Initial)
 Mailing Address
1221 Brickell Avenue
 City **Miami** State **FL** Zip Code **33131**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Lehman Brothers** Occupation: **Broker**
 Receipt For: Primary General Other (specify) _____
 Aggregate Year-to-Date: _____

Date of Receipt
10 02 2000
 Amount of Each Receipt this Period
500.00

C. Villaman, Manuel
 Full Name (Last, First, Middle Initial)
 Mailing Address
160 S. Hibiscus Drive
 City **Miami Beach** State **FL** Zip Code **33139**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Midway Ford** Occupation: **Automobile Dealer**
 Receipt For: Primary General Other (specify) _____
 Aggregate Year-to-Date: _____

Date of Receipt
10 02 2000
 Amount of Each Receipt this Period
250.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Free Cuba PAC, Inc.

A. Full Name (Last, First, Middle Initial)
Sanson, Pilar

Mailing Address
1334 SW 159 Lane

City **Pembroke Pines** State **FL** Zip Code **33327**

FEC ID number of contributing federal political committee: **C**

Name of Employer: _____ Occupation **Retired**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
10 / 15 / 2000

Amount of Each Receipt this Period
5.00 00

B. Full Name (Last, First, Middle Initial)
Fraga, Antonio O.

Mailing Address
2299 Douglas Rd.

City **Miami** State **FL** Zip Code **33145**

FEC ID number of contributing federal political committee: **C**

Name of Employer: _____ Occupation **Real Estate Investor**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
10 / 16 / 2000

Amount of Each Receipt this Period
1.00 00

C. Full Name (Last, First, Middle Initial)
Rajas, Marco, E.

Mailing Address
151 Crandon Blvd.

City **Key Biscayne** State **FL** Zip Code **33149**

FEC ID number of contributing federal political committee: **C**

Name of Employer: _____ Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
11 / 07 / 2000

Amount of Each Receipt this Period
5.00 00

SUBTOTAL of Receipts This Page (optional) _____ ▶

TOTAL This Period (last page this line number only) _____ ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (in Full)
Free Cuba PAC, Inc.

Full Name (Last, First, Middle Initial) A. Gutierrez, Marta		Date of Receipt 11 / 01 / 2000
Mailing Address 1907 Mizzen Rd.		Amount of Each Receipt This Period 5,000.00
City Toms River	State Zip Code NJ 08753-3111	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
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) ▶	6,900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE OF	
	<input type="checkbox"/> 21b <input type="checkbox"/> 26	<input type="checkbox"/> 22 <input type="checkbox"/> 27	<input type="checkbox"/> 23 <input type="checkbox"/> 28a	<input type="checkbox"/> 24 <input type="checkbox"/> 28b	<input type="checkbox"/> 25 <input type="checkbox"/> 28c

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NAME OF COMMITTEE (In Full)
Free Cuba PAC, Inc.

A. Full Name (Last, First, Middle Initial)
Adam Putnam For Congress

Date of Disbursement
10 03 2000

Mailing Address
P.O. Box 2426

City **Bartow** State **FL** Zip Code **33831**

Purpose of Disbursement
Contribution

Candidate Name
Adam Putnam

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
500.00

Category/Type

B. Full Name (Last, First, Middle Initial)
Lazio 2000

Date of Disbursement
10 03 2000

Mailing Address
P.O. Box 5063

City **Bay Shore** State **NY** Zip Code **11706**

Purpose of Disbursement
Contribution

Candidate Name
Rick Lazio

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
5000.00

Category/Type

C. Full Name (Last, First, Middle Initial)
20th Congressional District PAC

Date of Disbursement
10 13 2000

Mailing Address
P.O. Box 817689

City **Hollywood** State **FL** Zip Code **33081**

Purpose of Disbursement
Contribution

Candidate Name
Peter Deutsch

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
2000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) _____ ▶

TOTAL This Period (last page this line number only) _____ ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

21b 22 23 24 25
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (in Full)

Full Name (Last, First, Middle Initial)

A. Keller for Congress

Date of Disbursement

10 / 25 / 2000

Mailing Address

P.O. Box 1453

Amount of Each Disbursement this Period

1,000.00

City

Orlando

State

FL

Zip Code

32802-1453

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Ric Keller

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Congressional Majority Committee

Date of Disbursement

10 / 25 / 2000

Mailing Address

4646A South 36 Street

Amount of Each Disbursement this Period

1,000.00

City

Arlington

State

VA

Zip Code

222

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Bill Thomas

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Clay Shaw For Congress

Date of Disbursement

10 / 26 / 2000

Mailing Address

P.O. Box 2188

Amount of Each Disbursement this Period

2,000.00

City

Fort Lauderdale

State

FL

Zip Code

33303-2188

Purpose of Disbursement

Contribution

Category/
Type

Candidate Name

Clay Shaw

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

21b 22 23 24 25
 26 27 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)

Free Cuba PAC, Inc.

Full Name (Last, First, Middle Initial)

A. Bob Franks for Senate

Date of Disbursement

10 31 2000

Mailing Address

P.O. Box 497

City

New Providence

State

NJ

Zip Code

07974

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement

Contribution

Candidate Name

Bob Franks

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Rogers for Congress

Date of Disbursement

11 02 2000

Mailing Address

PO Box 1214

City

Somerset

State

KY

Zip Code

42501

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Contribution

Candidate Name

Harold Rogers

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Foley for Congress

Date of Disbursement

11 02 2000

Mailing Address

W1450 First National Bank Building 332 Minnesota Street

City

St. Paul

State

MN

Zip Code

55101

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Contribution

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

21b 22 23 24 25
 26 27 28a 28b 28c 29

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)

Free Cuba PAC, Inc.

Full Name (Last, First, Middle Initial)

Victory PAC

Mailing Address

Date of Disbursement

11 / 02 / 2000

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Contribution

2,000.00

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Kirk For Congress

Date of Disbursement

11 / 02 / 2000

Mailing Address

1910 Waukegan Road

City

State

Zip Code

Glenview

IL

60025

Amount of Each Disbursement this Period

Purpose of Disbursement

Contribution

1,000.00

Candidate Name

Mark Kirk

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

 / /

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

21,500.00

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)
 Mailing Address
 City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan
 Cumulative Payment To Date
 Balance Outstanding at Close of This Period

TERMS
 Date Incurred Date Due Interest Rate Secured:
 % (apn) Yes No

List All Endorsers or Guarantors (If any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶
 TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
 Information found on
 Page _____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; width: 100%;">C</div>
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Amount of this Draw: _____ Total Outstanding Balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B).
 Date account established: _____ Location of account: _____
 Address: _____
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set for the at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
--	-------	------

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE **8** OF **10**

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period
Amount Incurred This Period	Payment This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period
Amount Incurred This Period	Payment This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period
Amount Incurred This Period	Payment This Period	

1) SUBTOTALS This Period This Page (optional)	▶	
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
-----------------------------	---------------------------

Full Name (Last, First, Middle Initial) of Payee		Purpose of Expenditure	Category/Type
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City	State	Zip Code	
Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle Initial) of Payee		Purpose of Expenditure	Category/Type
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City	State	Zip Code	
Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle Initial) of Payee		Purpose of Expenditure	Category/Type
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City	State	Zip Code	
Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	

(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the libelous or defamatory dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 20____.

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (in Full)	
-----------------------------	--

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State ZIP Code			
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:	
Aggregate General Election Expenditure for this Candidate ▶		Amount	

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State ZIP Code			
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:	
Aggregate General Election Expenditure for this Candidate ▶		Amount	

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State ZIP Code			
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:	
Aggregate General Election Expenditure for this Candidate ▶		Amount	

SUBTOTAL of Expenditures This Page (optional) ▶	
TOTAL This Period (last page this line number only) ▶	

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE (In Full) _____

USE ONLY ONE SECTION

A. NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right) _____

Presidential Year (65%) _____ %

All Other Years (60%) _____ %

B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (If checked, enter 65% in box to right) _____ %

OR

FUNDS EXPENDED:

- Estimated Direct Candidate Support - Federal _____ %
- Estimated Direct Candidate Support - Non-Federal _____ %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support - Federal _____ %

Actual Direct Candidate Support - Non-Federal _____ %

NOTE: Funds expended must be used if the Federal proportion is greater than 65% in any year.

C. SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- Estimated Direct Candidate Support - Federal _____ %
- Estimated Direct Candidate Support - Non-Federal _____ %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support - Federal _____ %

Actual Direct Candidate Support - Non-Federal _____ %

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

Check all Offices appearing on the next General Election Ballot:

		NUMBER OF POINTS
1. President	<input type="checkbox"/>	(1 Point)
2. U.S. Senate	<input type="checkbox"/>	(1 Point)
3. U.S. Congress	<input type="checkbox"/>	(1 Point)
4. SUBTOTAL - Federal (ADD 1, 2, AND 3)		
5. Governor	<input type="checkbox"/>	(1 Point)
6. Other Statewide Office(s)	<input type="checkbox"/>	(1 or 2 Points)
7. State Senate	<input type="checkbox"/>	(1 Point)
8. State Representative	<input type="checkbox"/>	(1 Point)
9. Local Candidates	<input type="checkbox"/>	(1 or 2 Points)
10. Extra Non-Federal Point	<input type="checkbox"/>	(1 Point)
11. SUBTOTAL - Non-Federal (Add 5, 6, 7, 8, 9, and 10)		
12. TOTAL POINTS (Line 4 plus Line 11)		

FEDERAL ALLOCATION = Line 4 divided by Line 12 _____ %

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> %	NON-FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> %	NON-FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> %	NON-FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> %	NON-FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> %	NON-FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> %	NON-FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin: 5px 0;"></div> %

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NON-FEDERAL ACCOUNTS**

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
<input type="text"/>	<input type="text"/>	<input type="text"/>

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

1) Total Administrative/Voter Drive

2) Direct Fundraising
(List Events-Amount For Each)

DIRECT FUNDRAISING AMOUNT

a)

b)

c)

d)

e) Total Amount Transferred For Direct Fundraising

3) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

**EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT**

a)

b)

c)

d)

e) Total Amount Transferred For
Exempt Activity/Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period
(Administrative/Voter Drive Amount)

TOTAL This Period (Direct Fundraising Amount)

TOTAL This Period (Exempt Activity/Direct Candidate Support)

TOTAL This Period (Total Amount Transferred)

**DISBURSEMENT SCHEDULE H4 (FEC Form 3X)
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE**

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:	
Mailing Address			<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City State Zip Code			<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:		Category/Type	Event Year-To-Date	
Description:			Date	

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:	
Mailing Address			<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City State Zip Code			<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:		Category/Type	Event Year-To-Date	
Description:			Date	

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)			Type of Allocated Activity:	
Mailing Address			<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City State Zip Code			<input type="checkbox"/> Exempt	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:		Category/Type	Event Year-To-Date	
Description:			Date	

FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT

SUBTOTAL of Joint Federal and Non-Federal Activity This Page				
FEDERAL SHARE	+	NON-FEDERAL SHARE	=	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 21(a)(I) and non-Federal share to 21(a)(II))				
FEDERAL SHARE		NON-FEDERAL SHARE		TOTAL AMOUNT
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)				

SCHEDULE I (FEC Form 3X)

AGGREGATION PAGE

NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT	Coverage Period	
	From:	To:
	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	COLUMN A	COLUMN B
	TOTAL THIS PERIOD	YEAR-TO-DATE
RECEIPTS		
(Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)		
1. TOTAL RECEIPTS:	<input type="text"/>	<input type="text"/>
DISBURSEMENTS:		
(Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)		
2. Transfers to Federal or Allocation Account for Allocable Expenses	<input type="text"/>	<input type="text"/>
3. Transfers to State/Local Party Organizations	<input type="text"/>	<input type="text"/>
4. Direct State/Local Candidate Support	<input type="text"/>	<input type="text"/>
5. Other Disbursements	<input type="text"/>	<input type="text"/>
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5)	<input type="text"/>	<input type="text"/>
SUMMARY		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	<input type="text"/>	<input type="text"/>
8. RECEIPTS (from Line 1)	<input type="text"/>	<input type="text"/>
9. SUBTOTAL	<input type="text"/>	<input type="text"/>
10. DISBURSEMENTS (from Line 6)	<input type="text"/>	<input type="text"/>
11. ENDING CASH ON HAND	<input type="text"/>	<input type="text"/>

**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) <i>2-26-01</i>
<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>JMP</i> PREPARER	 <i>3-2-01</i> DATE PREPARED