

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

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FEC MAIL ROOM

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USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Wynn for Congress		2. FEC IDENTIFICATION NUMBER C00253377
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. PO Box 73388		
CITY, STATE and ZIP CODE Washington DC 20058	STATE/DISTRICT MD / 04	3. IS THIS REPORT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

## 4. TYPE OF REPORT

- April 15 Quarterly Report  12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 July 15 Quarterly Report  
 October 15 Quarterly Report  30-Day Post-Election Report following the General Election  
 on \_\_\_\_\_ in the State of \_\_\_\_\_  
 January 31 Year End Report  Termination Report  
 July 31 Mid-Year Report (Non-election Year Only)

This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
10/1/2000 through 10/18/2000		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$12,782.00	\$311,965.84
(b) Total Contribution Refunds (from Line 20(d))	\$0.00	\$780.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$12,782.00	\$311,185.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$18,087.63	\$197,048.87
(b) Total Offsets to Operating Expenditures (from Line 14)	\$0.00	\$0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$18,087.63	\$197,048.87
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$358,187.27	For further information contact: Federal Election Commission 600 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
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	

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 Gregory Holloway	Date 5/29/2001
Signature of Treasurer <i>Gregory Holloway</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.

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FEC FORM 3  
(revised 4/97)

## DETAILED SUMMARY PAGE

### of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Wynn for Congress	Report Covering the Period	
	From: 10/1/2000	To: 10/18/2000
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) _____	\$1,550.00	
(ii) Unitemized _____	\$482.00	
(iii) Total of contributions from individuals _____	\$2,032.00	\$108,160.00
(b) Political Party Committees _____	\$0.00	\$0.00
(c) Other Political Committees (such as PACs) _____	\$10,750.00	\$203,805.84
(d) The Candidate _____	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (ii), (b), (c) and (d)) _____	\$12,782.00	\$311,965.84
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b> _____	\$0.00	\$0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate _____	\$0.00	\$0.00
(b) All Other Loans _____	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b)) _____	\$0.00	\$0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b> _____	\$0.00	\$0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b> _____	\$0.00	\$8,930.59
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b> _____	\$12,782.00	\$318,896.43
<b>II. DISBURSEMENTS</b>		
<b>17. OPERATING EXPENDITURES</b> _____	\$18,087.63	\$197,048.87
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b> _____	\$40,000.00	\$45,000.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate _____	\$0.00	\$0.00
(b) Of All Other Loans _____	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) _____	\$0.00	\$0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees _____	\$0.00	\$500.00
(b) Political Party Committees _____	\$0.00	\$0.00
(c) Other Political Committees (such as PACs) _____	\$0.00	\$280.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____	\$0.00	\$780.00
<b>21. OTHER DISBURSEMENTS</b> _____	\$2,000.00	\$38,463.00
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b> _____	\$60,087.63	\$281,291.87

### III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$	405,492.90	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$	12,782.00	
25. SUBTOTAL (add Line 23 and Line 24) _____	\$	418,274.90	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$	60,087.63	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$	358,187.27	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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)

Wynn for Congress C00253377

<b>A. Full Name, Mailing Address and ZIP Code</b> Richard B. Maltox PO Box 22982 Alexandria, VA 22304	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 10/3/2000	<b>Amount of Each Receipt this Period</b> \$250.00
	<b>Occupation</b> Information Requested Aggregate Year-to-Date > \$ 250.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Allan R. Morgan 10808 Cherry Blossom Court Hyattsville, MD 20783	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 10/16/2000	<b>Amount of Each Receipt this Period</b> \$300.00
	<b>Occupation</b> Information Requested Aggregate Year-to-Date > \$ 300.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> Cynthia M. Wilkinson, ESQ. 252B-E South Arlington Mill Drive Arlington, VA 22208	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 10/10/2000	<b>Amount of Each Receipt this Period</b> \$1,000.00
	<b>Occupation</b> Information Requested Aggregate Year-to-Date > \$ 1,000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
	<b>Occupation</b> Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
	<b>Occupation</b> Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
	<b>Occupation</b> Aggregate Year-to-Date > \$		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b>	<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
	<b>Occupation</b> 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)** \$1,550.00

**TOTAL This Period (last page file line number only)** \$1,550.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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)

Wynn for Congress C00253377

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Bankers Association BANKPAC 1120 Connecticut Avenue, NW Washington, DC 20036		10/11/2000	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	\$5,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BellSouth FED-PAC 1133 21st Street Suite 900 Washington, DC 200363351		10/11/2000	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	\$1,500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
eBay Inc. Committee for Responsible Internet Commerce 101 Park Center Plaza, Suite 1160 San Jose, CA 95113-		10/6/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	\$250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Human Rights Campaign Fund PAC 1101 14th Street, NW Washington, DC 20005		10/13/2000	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	\$1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Humana USA PAC		10/15/2000	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	\$250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Interstate Natural Gas Association of America 10 G Street, NE Suite 700 Washington, DC 20002		10/4/2000	\$750.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	\$750.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$	

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$5,250.00
<b>TOTAL</b> 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 2 OF 2  
FOR LINE NUMBER 11(c)

Contributions from Other Political Committees

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**NAME OF COMMITTEE (in Full)**

Wynn for Congress C00253377

A. Full Name, Mailing Address and ZIP Code McDonald's PAC One McDonald's Plaza Hinsdale, IL 60521-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)  10/13/2000  \$1,000.00	Amount of Each Receipt this Period  \$1,000.00
B. Full Name, Mailing Address and ZIP Code Ophthpac American Academy of Ophthalmology Political Committee San Francisco, CA 94120-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)  10/8/2000  \$1,000.00	Amount of Each Receipt this Period  \$1,000.00
C. Full Name, Mailing Address and ZIP Code PG&E Corporation Energy PAC PO Box 770000 B29H San Francisco, CA 94177-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)  10/5/2000  \$500.00	Amount of Each Receipt this Period  \$500.00
D. Full Name, Mailing Address and ZIP Code PricewaterhouseCoopers Political Action Committee 1900 K Street, NW Washington, DC 20006-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)  10/4/2000  \$1,500.00	Amount of Each Receipt this Period  \$1,500.00
E. Full Name, Mailing Address and ZIP Code SEIU COPE US Division 1313 L Street, NW Washington, DC 20005-  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)  10/18/2000  \$5,000.00	Amount of Each Receipt this Period  \$1,000.00
F. Full Name, Mailing Address and ZIP Code Viacom PAC   Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)  10/12/2000  \$1,500.00	Amount of Each Receipt this Period  \$500.00
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)   \$1,500.00	Amount of Each Receipt this Period   \$1,500.00

<b>SUBTOTAL of Receipts This Page (optional)</b>	\$5,500.00
<b>TOTAL This Period (last page this line number only)</b>	\$10,750.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

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

**NAME OF COMMITTEE (in Full)**

Wynn for Congress C00253377

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brad Carson for Congress	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/2000	\$1,000.00
Lane Evans For Congress	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/2000	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) _____</p>	<p>\$2,000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) _____</p>	<p>\$2,000.00</p>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 18

**Transfers to other Authorized Committees**

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)**

Wynn for Congress C00253377

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional Campaign Committee 430 South Capitol Street Washington, DC 20003	donation of excess campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	\$40,000.00
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	\$40,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$40,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 17

**Operating Expenditures**

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)**

Wynn for Congress C00253377

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Advanced Resource Technology Group	Temporary Staff Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/2000	\$3,432.00
B. Full Name, Mailing Address and ZIP Code Al's Balloons 7200 East Forest Road Landover, MD 20785-	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/2000	\$400.00
C. Full Name, Mailing Address and ZIP Code County Fast Printing 8819 Walker Mill Road Forestville, MD 20743-	Purpose of Disbursement Printing for Election Day Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/2000	\$3,017.00
D. Full Name, Mailing Address and ZIP Code Ms. Kim Grey	Purpose of Disbursement Voter Outreach Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	\$1,800.00
E. Full Name, Mailing Address and ZIP Code H&W Printing 3816 Oak Lane Mount Rainier, MD 20712	Purpose of Disbursement Handouts Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/2000	\$1,885.80
F. Full Name, Mailing Address and ZIP Code Mr. Julius Henson 3020 Federal Street Baltimore, MD 212133938	Purpose of Disbursement media consultant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/2000	\$3,000.00
G. Full Name, Mailing Address and ZIP Code Mr. Julius Henson 3020 Federal Street Baltimore, MD 212133938	Purpose of Disbursement reimbursement for supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/2000	\$500.00
H. Full Name, Mailing Address and ZIP Code LaColline Restaurant 400 North Capitol Street, NW Washington, DC 20001	Purpose of Disbursement Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/1/2000	\$2,150.00
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)**

\$18,184.80

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 17

**Operating Expenditures**

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**NAME OF COMMITTEE (in Full)**

Wynn for Congress C00253377

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Charles Woods P.O. Box 57082 Washington, DC 20037	Jazz- Fundraiser Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/2000	\$350.00
B. Full Name, Mailing Address and ZIP Code Staples	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/2000	\$211.40
C. Full Name, Mailing Address and ZIP Code Dr. Beatrice P. Tignor 170 Old Enterprise Road Upper Marlboro, MD 20772-	Purpose of Disbursement reimbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/2000	\$399.43
D. Full Name, Mailing Address and ZIP Code United States Postal Service 1300 L ST NW RM1000 WASHINGTON, DC 20005	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/2000	\$297.00
E. Full Name, Mailing Address and ZIP Code American Express	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/2000	\$845.00
F. Full Name, Mailing Address and ZIP Code Staples	Purpose of Disbursement office supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/2000	MEMO \$56.51
G. Full Name, Mailing Address and ZIP Code Staples	Purpose of Disbursement office supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/2000	MEMO \$6.50
H. Full Name, Mailing Address and ZIP Code United States Postal Service 1300 L ST NW RM1000 WASHINGTON, DC 20005	Purpose of Disbursement postal services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/2000	MEMO \$330.00
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) \_\_\_\_\_

\$1,802.83

**TOTAL** This Period (last page this line number only) \_\_\_\_\_

\$18,087.63

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 5-29-01
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<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>del</i> PREPARER		5-30-01 DATE PREPARED