

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
Tony Samuel Congress Committee

ADDRESS (number and street) Check if different than previously reported.
P.O. Box 1736

CITY, STATE and ZIP CODE Indpls. IN 46206-1736 STATE/DISTRICT IN/10

2. FEC IDENTIFICATION NUMBER
C00349050

3. IS THIS REPORT AN AMENDMENT?
 YES 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 30-Day Post-Election Report following the General Election
on _____ in the State of _____

October 15 Quarterly Report

January 31 Year-End Report

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

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
<u>07/01/99</u> through <u>12/31/99</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	<u>20,879.38</u>	
(b) Total Contribution Refunds (from Line 20(d))	<u>0</u>	
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	<u>\$ 20,879.38</u>	
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<u>8119.97</u> 102208	
(b) Total Offsets to Operating Expenditures (from Line 14)	<u>0</u>	
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	<u>8119.97</u> 102208	
8. Cash on Hand at Close of Reporting Period (from Line 27)	<u>12,752.41</u> 13,913.30	
9. Debt and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<u>0</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debt and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<u>0</u>	

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
RUTH P. SAMUEL

Signature of Treasurer
Ruth P. Samuel

Date
1/31/00

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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DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (In full) Tony Samuel ^{for} Congress Committee Report Covering the Period:
From: 07/01/99 To: 12/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
I. RECEIPTS		
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	10445.38	
(ii) Unitemized -----	2024	
(iii) Total of contributions from individuals -----	18507.28	
(b) Political Party Committees -----	1350	
(c) Other Political Committees (such as PACs) -----	0	
(d) The Candidate -----	1020	
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i)-(d)) -----	20,879.38	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	0	
II. LOANS		
(a) Made or Guaranteed by the Candidate -----	0	
(b) All Other Loans -----	0	
(c) TOTAL LOANS (add 13(a) and (b)) -----	0	
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	0	
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	0	
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	20,879.38	
III. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	8119.97	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	0	
IV. LOAN REPAYMENTS		
(a) Of Loans Made or Guaranteed by the Candidate -----	0	
(b) Of All Other Loans -----	0	
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	0	
V. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	0	
(b) Political Party Committees -----	0	
(c) Other Political Committees (such as PACs) -----	0	
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	0	
21. OTHER DISBURSEMENTS -----	1683.00	
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	9803.97	

III. CASH SUMMARY

8119.97

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 1000	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 20879.38	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 20879.38	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 9803.97	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 13,975.38	

12,754.41

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 9
FOR LINE NUMBER 111

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NAME OF COMMITTEE (in Full)

Tony Samuel Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jatinder Singh P.O. Box 459 Noblesville, IN 46061	Self-Employed	9/8/99	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER Aggregate Year-to-Date > \$ 1500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Henderson P.O. Box 68279 Indpls, IN 46268	U.P.S.	9/15/99	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mohammed Scharif 6300 North Sheridan Chicago, IL 60660		9/30/99	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Ann Harcourt 6679 W. St. Rd 244 Murray, IN 46156	Harcourt Outlines	10/2/99	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Esther Sanger 7844 Santana Circle Indpls, IN 46288	Emmanuel High School	12/21/99	\$650
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Teacher Aggregate Year-to-Date > \$ 650		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jatinder Singh P.O. Box 459 Noblesville, IN 46061		12/21/99	\$500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julian Samuel 1385 Arlington Houston, TX 77008	Orillion Limited	10/11/99	\$1000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1000		

SUBTOTAL of Receipts This Page (optional)

\$5650

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 9
FOR LINE NUMBER 111

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NAME OF COMMITTEE (in Full)

Tony Samuel Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Bashir Samuel 1576 E. Gilbert St Indpls IN 46227</i>	<i>Mays Chemical</i>	<i>10/12/99</i>	<i>\$1000</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Chemist</i>	Aggregate Year-to-Date: <i>> \$ 1000</i>	
<i>Aksh Shami 2081 Golfview Dr. Evansville, IN 46143</i>	<i>IPS School System</i>	<i>10/13/99</i>	<i>\$1000</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Teacher</i>	Aggregate Year-to-Date: <i>> \$</i>	
<i>Inderjit Singh P.O. Box 459 Ablesville, IN 46061</i>		<i>10/13/99</i>	<i>\$1000</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <i>> \$</i>	
<i>Ruth Samuel 1819 W. 72nd Place Indpls. IN 46280</i>	<i>St. Vincent's Hospital</i>	<i>10/13/99</i>	<i>\$1000</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>X-Ray Technician</i>	Aggregate Year-to-Date: <i>> \$ 1000</i>	
<i>Pam Sterrett 12946 Water edge Road Camby, IN 46113</i>		<i>10/27</i>	<i>\$100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <i>> \$ 100</i>	
<i>Christopher Swatts 5460 Elkhorn Dr. #912 Indpls IN 46284</i>		<i>12/31/99</i>	<i>\$150</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <i>> \$ 150</i>	
<i>Cecil Sangar 8618 Legion Ln Indpls, IN 46281</i>		<i>12/18/99</i>	<i>\$100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date: <i>> \$ 100</i>	

SUBTOTAL of Receipts This Page (optional)

\$4350

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 1 OF 2
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Tony Samuel Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cindy Urban 3134 Albright Ct Indpls IN 46268	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/22/99	\$1764.54
Stacy Beckdolt University Apts. 3701 Shelby St. Apt C5 Indpls. IN 46204	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/23/99	\$899.50
Shelly Barkat 1242 Westwood Circle Evanston, IN 46143	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/23/99	\$132.37
Indianapolis Star News Women's Expo	Purpose of Disbursement: Booth Staff Restoration of Women's Expo Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/12/99	\$250.00
Kinko's 5030 Pike Plaza Rd. Indpls. IN 46254	COPIES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/1/99	\$206.64
Office Depot 3721 W. 8th St. Indpls IN 46208	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/99	\$537.39
N.R.C.C. 320 First St, SE Washington DC 20003	Candidate Training Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/99	\$200
Speedy Printing 3433 W. Alabama Suite C Houston TX 77027	Stationery Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/99	\$534.80
Trademarks Promotion Products 11333 Tardal St. Houston TX 77055	SUPPLIES Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/99	\$823.78

SUBTOTAL of Disbursements This Page (optional)

\$4813.69
~~5246.06~~

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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<i>Bridget Hoffbauer Hand 9597 Bay Vista Way Indpls. IN 46250</i>		<i>12/13/99</i>	<i>\$100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Brandt Hershman 7429 200 E Wheatfield, IN 46392</i>	<i>Congressman Steve Boyer</i>	<i>12/21/99</i>	<i>\$100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>John Keefer 300 N. Meridian Indpls. IN 46204</i>	<i>Baker & Daniels</i>	<i>12/9/99</i>	<i>\$200</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Michael Kahren</i>		<i>12/21/99</i>	<i>\$350</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 350	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Mary Kahren</i>		<i>12/27/99</i>	<i>\$100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Joseph Loftus 7431 Longest Rd. Indpls. IN 46240</i>	<i>Barnes & Thornburg</i>	<i>12/21/99</i>	<i>\$100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Dwane Miller 7442 Christiana Way Indpls. IN 46258</i>		<i>12/10/99</i>	<i>\$200</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200	

SUBTOTAL of Receipts This Page (optional)

\$1150

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 9 FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Tony Samuel Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judy Levine 12558 Highlands Pl. Fishers, IN 46038		12/8/99	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John McCane P.O. Box 266 Rushville, IN 46173-0266		12/16/99	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rob Palmer 1050 Market Tower Indpls IN 46204	Associated General Contractors	12/21/99	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Haroon Qazi 1935 N. Capital Ave. Indpls IN 46278		12/10/99	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Raess 1574 Preston Trail Carmel IN 46032		12/10/99	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation /	Aggregate Year-to-Date > \$ 200	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Suzellen Reed 4288 E. SR 394 Rushville, IN 46173	State of Indiana	12/21/99	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Supervisor of Public Works	Aggregate Year-to-Date > \$ 100	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellen White 51 W. 42nd St Indpls IN 46208		12/16/99	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100	

SUBTOTAL of Receipts This Page (optional)

\$950

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 9
FOR LINE NUMBER 111

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NAME OF COMMITTEE (In Full)

Tony Samuel Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Tim Miller 727 N. 53rd St. Indpls. IN 46208</i>	<i>IGA Mortgage</i>	<i>12/15/99</i>	<i>\$ 100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Broker</i> Aggregate Year-to-Date > \$ <i>100</i>		
<i>Carol Miller</i>	<i>National Federation of Republican Women</i>	<i>12/21/99</i>	<i>\$ 200</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ <i>200</i>		
<i>Margan Miller 58 Thuse, Ct. Lafayette, IN 47905</i>	<i>National Federation of Republican Women</i>	<i>12/30/99</i>	<i>\$ 100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>President</i> Aggregate Year-to-Date > \$ <i>100</i>		
<i>Michael Milstein 5046 N. Oak Mill Rd. Fond Du Lac, WI 54935</i>		<i>12/7/99</i>	<i>\$ 250</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Physician</i> Aggregate Year-to-Date > \$ <i>250</i>		
<i>Pankaj Malik 490 Copeland Rd. Fallston, MD, 21047</i>		<i>12/15/99</i>	<i>\$ 100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Physician</i> Aggregate Year-to-Date > \$ <i>100</i>		
<i>Debra Norman 7221 Almaden Dr. Indpls. IN 46278</i>		<i>12/21/99</i>	<i>\$ 100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ <i>100</i>		
<i>Margorie O'Laughlin 6273 Brookline Dr. Indpls. IN 46220-6708</i>	<i>Health and Hospital Corporation of America Co.</i>	<i>11/6/99</i>	<i>\$ 100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Treasurer</i> Aggregate Year-to-Date > \$ <i>100</i>		

SUBTOTAL of Receipts This Page (optional)

\$ 950

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 9
FOR LINE NUMBER 111

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NAME OF COMMITTEE (In Full)

Tony Samuel Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Lesa Dietrick 6801 Bluffgrove Dr. Indpls IN 46278</i>	<i>Ice, Miller, & Donadio</i>	<i>12/27/99</i>	<i>\$ 100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>100</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Richard DEER 1332 Queens Way Carmel, IN 46032</i>		<i>12/10/99</i>	<i>\$ 100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Entrepreneur</i>	Aggregate Year-to-Date > \$ <i>100</i>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>H. Dean Evans 8229 Lincoln Blvd Indpls. IN 46240</i>	<i>Gibraltar Design</i>	<i>12/21/99</i>	<i>\$ 300</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Consultant</i>	Aggregate Year-to-Date > \$ <i>300</i>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Melanie Grant 6556 Long Run Dr. Indpls IN 46268</i>		<i>12/21/99</i>	<i>\$ 200</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Accountant</i>	Aggregate Year-to-Date > \$ <i>200</i>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Robert Grand 11 South Mendham Indpls IN 46204</i>	<i>Barnes & Thornburg</i>	<i>12/26/99</i>	<i>\$ 100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Attorney</i>	Aggregate Year-to-Date > \$ <i>100</i>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Sandra Huddleston 813 Broad Ripple Ave. Indpls. IN 46220</i>		<i>12/2/99</i>	<i>\$ 100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>100</i>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Cecelia Hawkins 826 Rosebay Ct. Indpls. IN 46240</i>	<i>IPL</i>	<i>12/11/99</i>	<i>\$ 100</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Human Resources</i>	Aggregate Year-to-Date > \$ <i>100</i>	

SUBTOTAL of Receipts This Page (optional)

\$1000

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 9
FOR LINE NUMBER 111

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NAME OF COMMITTEE (in Full)

Tony Samuel Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<p><i>John Sangar</i> <i>8419 Country Creek</i> <i>Indpls IN 46234</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>A-1 Taxi Service</i></p> <p>Occupation: <i>Taxi Driver</i> Aggregate Year-to-Date > \$100</p>	<p><i>12/21/99</i></p>	<p><i>\$100</i></p>
<p><i>Landrum Shields</i> <i>5640 North Cooper Rd.</i> <i>Indpls. IN 46228</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>Covenant Community Church</i></p> <p>Occupation: <i>Reverend</i> Aggregate Year-to-Date > \$100</p>	<p><i>12/21/99</i></p>	<p><i>\$100</i></p>
<p><i>William Swords, II.</i> <i>9214 Stones Ferry Way</i> <i>Indpls IN 46278</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>Livengood & Swords</i></p> <p>Occupation: Aggregate Year-to-Date > \$100</p>	<p><i>12/12/99</i></p>	<p><i>\$100</i></p>
<p><i>David Cozier</i> <i>2201 W. 66th St</i> <i>Indpls. IN 46260</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>Eli Lilly Corp.</i></p> <p>Occupation: <i>Engineer</i> Aggregate Year-to-Date > \$500</p>	<p><i>10/13/99</i></p>	<p><i>\$500</i></p>
<p><i>Kelly Craven</i> <i>1800 Old Meadow Rd. Apt. 219</i> <i>McLean, VA 22102</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>Congressman Steve Buyer</i></p> <p>Occupation: <i>Chief of Staff</i> Aggregate Year-to-Date > \$100</p>	<p><i>12/15/99</i></p>	<p><i>\$100</i></p>
<p><i>Scott Castelli</i> <i>5830 Broadway</i> <i>Indpls. IN 46220</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>Supreme Court</i></p> <p>Occupation: Aggregate Year-to-Date > \$135.38</p>	<p><i>12/31/99</i></p>	<p><i>\$135.38</i></p>
<p><i>Brian Bishop</i> <i>13520 Versailles Dr.</i> <i>Carmel, IN 46032</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><i>Supreme Court</i></p> <p>Occupation: <i>Clerk</i> Aggregate Year-to-Date > \$100</p>	<p><i>12/9/99</i></p>	<p><i>\$100</i></p>

SUBTOTAL of Receipts This Page (optional)

1135.38

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 9
FOR LINE NUMBER 111

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NAME OF COMMITTEE (in Full)

Tony Sarnuel Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Shan Bryant - Hassz</u> <u>10324 Lakeland Dr.</u> <u>Fishers IN 46038</u>	<u>St. Vincent's Hospital</u>	<u>12/12/99</u>	<u>\$ 200</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Nurse</u> Aggregate Year-to-Date: <u>> \$ 200</u>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Teresa Bult</u> <u>909 Bexhill Ct. South</u> <u>Hermitage TN 37076</u>		<u>12/26/99</u>	<u>\$100</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Attorney</u> Aggregate Year-to-Date: <u>> \$ 100</u>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Mark Bishop</u> <u>8234 Lakeshore Circle</u> <u>Indpls IN 46250</u>		<u>12/21/99</u>	<u>\$100</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Pilot</u> Aggregate Year-to-Date: <u>> \$ 100</u>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>DEE DEE BENTLE</u> <u>200 S. Meridian St</u> <u>Indpls, IN 46225</u>	<u>Republican State Committee</u>	<u>12/21/99</u>	<u>\$100</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Finance Director</u> Aggregate Year-to-Date: <u>> \$ 100</u>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Ijaz Barkat - Mash</u> <u>1242 Restwick Circle</u> <u>Grmnd, IN 46143</u>	<u>Southport Highschool</u>	<u>12/28/99</u>	<u>\$ 100</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Teacher</u> Aggregate Year-to-Date: <u>> \$ 100</u>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Virginia Blankinbaker</u> <u>1027 Stratford Hall</u> <u>Indpls, IN 46260</u>	<u>N/A</u>	<u>12/30/99</u>	<u>100</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Retired</u> Aggregate Year-to-Date: <u>> \$ 100</u>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<u>Christine Dudley</u> <u>1550 N. Lake Shore</u> <u>Chicago, IL 60610</u>	<u>Republican National Committee</u>	<u>10/31/99</u>	<u>\$ 100</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date: <u>> \$ 100</u>		

SUBTOTAL of Receipts This Page (optional)

\$ 800

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 9
FOR LINE NUMBER 111

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NAME OF COMMITTEE (in Full)

Tony Samuel Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony Wolbert 4937 Crittenden Ave. Indpls. IN 46205		12/20/99	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 100	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mary Tiede Wilhelmus 3326 Central Ave. Indpls IN 46205		12/12/99	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 100	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John T. Young 3231 N. Meridian St Indpls. IN, 46208-4698		10/13/99	\$200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation Pediatrician	Aggregate Year-to-Date > \$ 200	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lona Yeakley 5400 E. 925 N. Logansport, IN 46947		12/26/99	\$100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$ 100	
E. 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	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

\$500

TOTAL This Period (last page this line number only)

\$10485.38

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Tony Samuel Congress Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This P
Women's Expo 307. N Pennsylvania St. P.O. Box 145 Indpls IN 46206	Promotion Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/99	\$250.
U.S. Postal Service Nova Branch Indpls. IN 46240-9998	Mailing supplies & services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/8/99	\$627.
Trademarks Promotion Products	Top-Shirts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/99	\$800.00
Sign Factory	Banner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/8	\$99.75
Local Impressions	Stickers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/8	46.53
Rick's Boatyard	Dinner Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/20	1683.00

SUBTOTAL of Disbursements This Page (optional)

~~\$277~~ 3306.2

TOTAL This Period (last page this line number only)

\$ 8119.97
~~10225.02~~

LOANS

Name of Committee (in Full) <i>Tom Samuel Congress Committee</i>			
A. Full Name, Mailing Address and ZIP Code of Loan Source <i>N/A</i>	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period <i>\$ 0</i>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			<i>\$ 0</i>
TOTALS This Period (last page in this line only)			<i>\$ 0</i>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) <i>Terrell Samuel Congress Committee</i>		FEC IDENTIFICATION NUMBER <i>C00349650</i>	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) <i>N/A</i>		AMOUNT OF LOAN <i>\$0</i>	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	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: _____

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.

COMMITTEE TREASURER
 TYPED NAME *RUTH P. SAMUEL* SIGNATURE *Ruth P. Samuel* DATE *1/31/2000*

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 forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE	TITLE	DATE
TYPED NAME	SIGNATURE	

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<i>Tony Samuel Congress Committee</i> A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <p style="text-align: center;">N/A</p>				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <p style="text-align: center;">N/A</p>				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <p style="text-align: center;">N/A</p>				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <p style="text-align: center;">N/A</p>				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <p style="text-align: center;">N/A</p>				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor <p style="text-align: center;">N/A</p>				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	\$0
2) TOTALS This Period (last page in this line only)	\$0
3) TOTAL OUTSTANDING LOANS from Schedule D (last page only)	\$0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	\$0

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee				Report Covering Period				
				From:		To:		
	Committee Name(s)			(a) Line No. 11(a) Total Contributions From Individuals Other Than Political Comtee.	(b) Line No. 11(b) Total Contributions From Political Party Committees	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions
A								
B								
C								
D								
E								
F								
G								
H								
I	Column Total This Page							
J	Column Total Last Page Only							
	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
	(n) Line No. 18 Total Transfers to Other Authorized Committees	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/ Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees	(u) Line No. 20(d) Total Contribution Refunds
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 8 Debts & Oblig. Owed TO the Committee	(aa) Line No. 10 Debts & Oblig. Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL	
ADDRESS (number and street)	
CITY, STATE, and ZIP CODE	
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)

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4. FEC IDENTIFICATION NUMBER

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		

SIGNATURE (optional)	DATE	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/31/00
<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>MA</i>	2/7/00
PREPARER	DATE PREPARED