

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC - 7 P 4:49

USE FEC MAILING LABEL
OR
TYPE OR PRINT


| | | |
|---|--|--|
| 1. NAME OF COMMITTEE (in full) Effective Government Committee | | 2. FEC IDENTIFICATION NUMBER C00190876 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 607 14th Street, NW, Suite 800 | | |
| CITY, STATE and ZIP CODE Washington DC 20005 | | 3. <input type="checkbox"/> This committee has qualified as a multiscandidate committee. (see FEC FORM 1M) |

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on 11/07/2000 in the State of _____
- (b) Is this Report an Amendment? YES NO

| SUMMARY | | COLUMN A | COLUMN B |
|--|--|---------------|---|
| 5. Covering Period <u>10/19/2000</u> through <u>11/27/2000</u> | | This Period | Calendar Year-to-Date |
| 6. (a) | Cash on Hand January 1, 2000 | | \$ 663,998.93 |
| (b) | Cash on Hand at Beginning of Reporting Period | \$ 35,669.39 | |
| (c) | Total Receipts (from Line 19) | \$ 112,532.26 | \$ 484,481.56 |
| (d) | Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 148,201.65 | \$ 548,491.49 |
| 7. | Total Disbursements (from Line 30) | \$ 119,455.61 | \$ 519,745.45 |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 28,746.04 | \$ 28,746.04 |
| 9. | Debits and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) | \$ 0.00 | For further information contact: Federal Election Commission 988 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100 |
| 10. | Debits and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) | \$ 18,749.05 | |

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 Noah Mamet | Date 12/04/2000 |
| Signature of Treasurer  | |

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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(revised 8/93)

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

(revised 1/18/91)

| NAME OF COMMITTEE Effective Government Committee | REPORT COVERING PERIOD | | |
|---|-------------------------------|---------------------------|-----|
| | FROM 10/19/2000 | TO: 11/27/2000 | |
| | COLUMN A Total This Period | COLUMN B Calendar Year | |
| Receipts | | | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | \$69,000.00 | \$218,000.00 | 11a |
| ii. Unitemized | \$0.00 | \$225.00 | 11b |
| iii. Total (add i and ii) > | \$69,000.00 | \$218,225.00 | 11c |
| b. Political Party Committees | \$0.00 | \$0.00 | 11d |
| c. Other Political Committees (such as PACs) | \$43,500.00 | \$261,000.00 | 11e |
| d. Total Contributions (add a iii, b and c) > | \$112,500.00 | \$479,225.00 | 11f |
| 12. Transfers From Affiliated/Other Party Committees | \$0.00 | \$0.00 | 12 |
| 13. All Loans Received | \$0.00 | \$0.00 | 13 |
| 14. Loan Repayments Received | \$0.00 | \$0.00 | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | \$0.00 | \$0.00 | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | \$0.00 | \$5,000.00 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | \$32.26 | \$288.56 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | \$0.00 | \$0.00 | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | \$112,532.26 | \$484,491.56 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | \$112,532.26 | \$484,491.56 | 20 |
| Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | \$0.00 | \$0.00 | 21a |
| ii. Non-Federal Share | \$0.00 | \$0.00 | 21b |
| b. Other Federal Operating Expenditures | \$9,455.61 | \$113,245.45 | 21c |
| c. Total Operating Expenditures (add a i, a ii, and b) > | \$9,455.61 | \$113,245.45 | 21d |
| 22. Transfers to Affiliated/Other Party Committees | \$0.00 | \$0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | \$105,000.00 | \$369,500.00 | 23 |
| 24. Independent Expenditures (use Schedule E) | \$0.00 | \$0.00 | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | \$0.00 | \$0.00 | 25 |
| 26. Loan Repayments Made | \$0.00 | \$0.00 | 26 |
| 27. Loans Made | \$0.00 | \$0.00 | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individual/Persons Other Than Political Committees | \$5,000.00 | \$6,000.00 | 28a |
| b. Political Party Committees | \$0.00 | \$0.00 | 28b |
| c. Other Political Committees (such as PACs) | \$0.00 | \$0.00 | 28c |
| d. Total Contribution Refunds (add a, b and c) > | \$5,000.00 | \$6,000.00 | 28d |
| 29. Other Disbursements | \$0.00 | \$1,000.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | \$119,455.61 | \$519,745.45 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | \$119,455.61 | \$519,745.45 | 31 |
| Net Contributions/Operating Expenditure | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 112,500.00 | 479,225.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 5,000.00 | 6,000.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 107,500.00 | 473,225.00 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | 9,455.61 | 113,245.45 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | 9,455.61 | 113,245.45 | 37 |

SCHEDULE D

(Revised 3/80)

DEBTS AND OBLIGATIONS

Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(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 |
|---|---|-----------------------------------|---------------------------|---|
| Effective Government Committee A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Perkins Cole LLP 607 14th Street, NW, Suite 800 Washington, DC 20005 | 17,620.31 | 1,128.74 | 0 | 18,749.05 |
| Nature of Debt (Purpose): Legal & Accounting Services | | | | |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| 1) SUBTOTALS This Period This Page (optional) | | | | 18,749.05 |
| 2) TOTALS This Period (last page in this line only) | | | | 18,749.05 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | | 0 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | | | | 18,749.05 |

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

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

PAGE 1 OF 4

FOR LINE NUMBER 11 (a)(i)

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 committees.

NAME OF COMMITTEE (in Full)

Effective Government Committee C00190876

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|---|---|-----------------------------|------------------------------------|
| Patrick M. Murphy 203 Third Street, N.E. Washington, DC 20002 | Patrick M. Murphy & Associates | 11/08/2000 | \$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation President | Aggregate Year-to-Date > \$ | \$1,000.00 |
| B. Full Name, Mailing Address and ZIP Code Joseph E. Baptista 1400 East West Highway Silver Spring, MD 20922 | Self-Employed | 10/31/2000 | \$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Orthodontist | Aggregate Year-to-Date > \$ | \$1,000.00 |
| C. Full Name, Mailing Address and ZIP Code Cow Creek Band of Umpqua Tribe of Indians 2371 NE Stephens Street Suite 100 Roseburg, OR 97470 | N/A | 10/30/2000 | \$5,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation N/A | Aggregate Year-to-Date > \$ | \$5,000.00 |
| D. Full Name, Mailing Address and ZIP Code Mitchell T. Kaplan 8383 Wilshire Blvd. #923 Beverly Hills, CA 90211 | Kaplan Stahler Gummer | 10/28/2000 | \$3,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Partner | Aggregate Year-to-Date > \$ | \$3,000.00 |
| E. Full Name, Mailing Address and ZIP Code William J. Harte 111 West Washington Street Chicago, IL 60602 | Self Employed | 11/02/2000 | \$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Attorney | Aggregate Year-to-Date > \$ | \$2,000.00 |
| F. Full Name, Mailing Address and ZIP Code Thomas Hawkins P.O. Box 1123 Tucson, AZ 85702 | Self-Employed | 10/20/2000 | \$2,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Small Business Consultant | Aggregate Year-to-Date > \$ | \$2,000.00 |
| G. Full Name, Mailing Address and ZIP Code Lois A. Johnson 1242 North St. Joseph Hastings, NE 68901 | | 10/24/2000 | \$5,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Homemaker | Aggregate Year-to-Date > \$ | \$5,000.00 |

SUBTOTAL of Receipts This Page (optional) \$18,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

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

PAGE 2 OF 4

FOR LINE NUMBER 11(a)(i)

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)
Effective Government Committee CD0190876

| | | | |
|--|---|---|---|
| <p>A. Full Name, Mailing Address and ZIP Code Raul Rodriguez 555 E 10th Ave., Apt. 101 Denver, CO 80203-3243</p> | <p>Name of Employer Rodriguez & Associates</p> | <p>Date (month, day, year) 10/20/2000</p> | <p>Amount of Each Receipt this Period \$2,000.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation Attorney</p> | <p>Aggregate Year-to-Date > \$</p> | <p>\$2,000.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Frank H. Rodriguez 555 E 10th Avenue #101 Denver, CO 80203</p> | <p>Name of Employer Rodriguez & Associates</p> | <p>Date (month, day, year) 10/20/2000</p> | <p>Amount of Each Receipt this Period \$1,500.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation Attorney</p> | <p>Aggregate Year-to-Date > \$</p> | <p>\$3,000.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Viejas Tribe 1 Viejas Grade Road Alpine, CA 91901</p> | <p>Name of Employer N/A</p> | <p>Date (month, day, year) 11/02/2000</p> | <p>Amount of Each Receipt this Period \$10,000.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Excess Refunded, See Line 28a Occupation N/A</p> | <p>Aggregate Year-to-Date > \$</p> | <p>\$10,000.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Richard G. Van Zyl 3111 Brentwood Blvd. Grand Island, NE 68801</p> | <p>Name of Employer</p> | <p>Date (month, day, year) 10/24/2000</p> | <p>Amount of Each Receipt this Period \$1,000.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation Retired</p> | <p>Aggregate Year-to-Date > \$</p> | <p>\$1,000.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code Thomas B. Green 1500 Marshall Lane Austin, TX 78703</p> | <p>Name of Employer Deli Computers</p> | <p>Date (month, day, year) 10/31/2000</p> | <p>Amount of Each Receipt this Period \$1,000.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation Senior Vice President</p> | <p>Aggregate Year-to-Date > \$</p> | <p>\$1,000.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code Carol Fuchs 335 North Maple Drive No. 135 Beverly Hills, CA 90210</p> | <p>Name of Employer</p> | <p>Date (month, day, year) 10/31/2000</p> | <p>Amount of Each Receipt this Period \$5,000.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation Homemaker</p> | <p>Aggregate Year-to-Date > \$</p> | <p>\$5,000.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code William L. Haines 120 Fifth Avenue New York, NY 10011</p> | <p>Name of Employer The Bromley Companies</p> | <p>Date (month, day, year) 11/02/2000</p> | <p>Amount of Each Receipt this Period \$5,000.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation Chairman</p> | <p>Aggregate Year-to-Date > \$</p> | <p>\$5,000.00</p> |

| | |
|---|--------------------|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>\$25,500.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p></p> |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals

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

NAME OF COMMITTEE (in Full)

Effective Government Committee C00190876

| | | | |
|---|---|---------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code Jeff Bacino 112 South West Street Suite 302 Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Bacino & Associates | Date (month, day, year) 10/20/2000 | Amount of Each Receipt this Period \$2,000.00 |
| | Occupation Owner Aggregate Year-to-Date > \$ | \$2,000.00 | |
| B. Full Name, Mailing Address and ZIP Code Barona Indian Tribe 1095 Baron Road Lakeside, CA 92040 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer N/A | Date (month, day, year) 10/26/2000 | Amount of Each Receipt this Period \$5,000.00 |
| | Occupation N/A Aggregate Year-to-Date > \$ | \$5,000.00 | |
| C. Full Name, Mailing Address and ZIP Code Robert L. Kahan 408 North Robinwood Los Angeles, CA 90048 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Stein & Kahan | Date (month, day, year) 10/30/2000 | Amount of Each Receipt this Period \$1,000.00 |
| | Occupation Attorney Aggregate Year-to-Date > \$ | \$1,000.00 | |
| D. Full Name, Mailing Address and ZIP Code P. Cole Finegan 1934 Forest Pky. Denver, CO 80220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Brownstein, Hyatt | Date (month, day, year) 11/02/2000 | Amount of Each Receipt this Period \$1,000.00 |
| | Occupation Attorney Aggregate Year-to-Date > \$ | \$1,000.00 | |
| E. Full Name, Mailing Address and ZIP Code Jerome A. Siegel 555 Madison Avenue New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Titan Industrial Corporation | Date (month, day, year) 11/01/2000 | Amount of Each Receipt this Period \$5,000.00 |
| | Occupation Chairman Aggregate Year-to-Date > \$ | \$5,000.00 | |
| F. Full Name, Mailing Address and ZIP Code Norman B. Leventhal 12 Sloan's Curve Drive Palm Beach, FL 33480 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Beacon Companies | Date (month, day, year) 11/01/2000 | Amount of Each Receipt this Period \$2,500.00 |
| | Occupation Chairman Aggregate Year-to-Date > \$ | \$2,500.00 | |
| G. Full Name, Mailing Address and ZIP Code Ken Johnson 4335 South Street Lincoln, NE 68506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Nebraska Bookstore | Date (month, day, year) 10/31/2000 | Amount of Each Receipt this Period \$2,500.00 |
| | Occupation Manager Aggregate Year-to-Date > \$ | \$5,000.00 | |

SUBTOTAL of Receipts This Page (optional)

\$19,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

Contributions from Individuals

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)

Effective Government Committee C00190875

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| Ken Johnson 4335 South Street Lincoln, NE 68508 | Nebraska Bookstore | 10/31/2000 | \$2,500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Manager Aggregate Year-to-Date > \$ | | \$5,000.00 |
| Deborah C. Peel 2905 San Gabriel Street No. 207 Austin, TX 78705 | Self-Employed | 10/24/2000 | \$2,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Psychiatrist Aggregate Year-to-Date > \$ | | \$4,500.00 |
| Neal Kaufman 1401 North Bundy Drive Los Angeles, CA 90049 | Cedars Sinai Medical Center | 11/09/2000 | \$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Physician Aggregate Year-to-Date > \$ | | \$1,000.00 |
| Rofan E. Lee 1 Bala Avenue Suite 320 Bala Cynwyd, PA 19004 | Self-Employed | 10/24/2000 | \$1,000.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Attorney Aggregate Year-to-Date > \$ | | \$3,000.00 |
| 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 <input type="checkbox"/> Other (specify): | 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 <input type="checkbox"/> Other (specify): | 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 <input type="checkbox"/> Other (specify): | Occupation | | Aggregate Year-to-Date > \$ |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional) | \$6,500.00 |
| TOTAL This Period (last page this line number only) | \$69,000.00 |

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)

Effective Government Committee C00190875

| | | | |
|---|--------------------------|-------------------------|------------------------------------|
| A. Full Name, Mailing Address and ZIP Code BellSouth Corporation Employees' PAC 1155 Peachtree Street Atlanta, GA 30309 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 10/27/2000 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > | \$ | \$5,000.00 |
| B. Full Name, Mailing Address and ZIP Code Albertson's Inc. PAC P.O. Box 20 Boise, ID 83726- | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 10/31/2000 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > | \$ | \$5,000.00 |
| C. Full Name, Mailing Address and ZIP Code American Society of Anesthesiologists PAC 520 North Northwest Highway Park Ridge, IL 60068-2573 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 10/31/2000 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > | \$ | \$2,500.00 |
| D. Full Name, Mailing Address and ZIP Code Archer Daniels Midland - ADM PAC P.O. Box 1470 Decatur, IL 62525 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 10/30/2000 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > | \$ | \$5,000.00 |
| E. Full Name, Mailing Address and ZIP Code International Longshoremen's Assn. COPE 17 Battery Place New York, NY 10004 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 11/02/2000 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > | \$ | \$5,000.00 |
| F. Full Name, Mailing Address and ZIP Code News America-Fox PAC 444 North Capitol Street, N.W. Suite 740 Washington, DC 20001- | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 10/27/2000 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > | \$ | \$1,000.00 |
| G. Full Name, Mailing Address and ZIP Code Equipment Leasing Association Lease PAC 4301 North Fairfax Drive Suite 550 Arlington, VA 22203- | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 10/31/2000 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > | \$ | \$5,000.00 |

SUBTOTAL of Receipts This Page (optional) \$24,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 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)

Effective Government Committee CD018087B

| | | | |
|--|--------------------------|-------------------------|------------------------------------|
| A. Full Name, Mailing Address and ZIP Code General Motors Corp. Civic Involvement Program P.O. Box 300 Detroit, MI 48265- | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 11/08/2000 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > | \$ | \$5,000.00 |
| B. Full Name, Mailing Address and ZIP Code Akin Gump Strauss Hauer & Feld Civic Action Comm. 1333 New Hampshire Ave., NW, Suite 400 Washington, DC 20036 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 10/28/2000 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > | \$ | \$5,000.00 |
| C. Full Name, Mailing Address and ZIP Code Federation of American Health Systems PAC 801 Pennsylvania Ave. NW Suite 245 Washington, DC 20004 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 10/31/2000 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > | \$ | \$2,000.00 |
| D. Full Name, Mailing Address and ZIP Code Union Pacific Fund for Effective Govt. 600 13th Street, NW Suite 340 Washington, DC 20005 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 10/27/2000 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > | \$ | \$5,000.00 |
| E. Full Name, Mailing Address and ZIP Code Universal Studios PAC 100 Universal City Plaza Universal City, CA 91608- | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 11/08/2000 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > | \$ | \$1,000.00 |
| F. Full Name, Mailing Address and ZIP Code National Farmers Union PAC 11900 East Cornell Avenue Aurora, CO 80014- | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 11/02/2000 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > | \$ | \$1,000.00 |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | 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) \$19,000.00

TOTAL This Period (last page this line number only) \$43,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

Other Receipts

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

NAME OF COMMITTEE (In Full)

Effective Government Committee C0019D676

| A. Full Name, Mailing Address and ZIP Code Citibank F.S.B. 1400 G Street, NW Washington, DC 20005 | Name of Employer * Interest Income Occupation | Date (month, day, year) 10/31/2000 | Amount of Each Receipt this Period \$32.28 |
|---|---|---------------------------------------|---|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Aggregate Year-to-Date \$ 266.56 | |
| B. Full Name, Mailing Address and ZIP Code | | Name of Employer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Date (month, day, year) | |
| C. Full Name, Mailing Address and ZIP Code | | Name of Employer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Date (month, day, year) | |
| D. Full Name, Mailing Address and ZIP Code | | Name of Employer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Date (month, day, year) | |
| E. Full Name, Mailing Address and ZIP Code | | Name of Employer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Date (month, day, year) | |
| F. Full Name, Mailing Address and ZIP Code | | Name of Employer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Date (month, day, year) | |
| G. Full Name, Mailing Address and ZIP Code | | Name of Employer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Date (month, day, year) | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional) | \$32.28 |
| TOTAL This Period (last page this line number only) | \$32.28 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21(b)

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)

Effective Government Committee C0D190876

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Noah B. Mamet 1010 25th Street, N.W. Apt. 702 Washington, DC 20037 | Fundraising Consulting Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/08/2000 | \$4,666.66 |
| Noah B. Mamet 1010 25th Street, N.W. Apt. 702 Washington, DC 20037 | Fundraising Consulting Service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/30/2000 | \$4,666.66 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

\$9,333.32

TOTAL This Period (last page this line number only)

\$9,333.32

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

Contributions to Federal Candidates

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)

Effective Government Committee C00190876

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Citizens for Danner P.O. Box 838 Smillville, MO 64089- | Contribution (House-MO-6) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/30/2000 | \$5,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Byrum for Congress P.O. Box 26191 Lansing, MI 48223- | Contribution (House-MI-8) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/06/2000 | \$5,000.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Mike Taylor for Congress P.O. Box 2389 Albemarle, NC 28002- | Contribution (House-NC-8) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/06/2000 | \$5,000.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Washington State Democratic Central Committee Federal Account P.O. Box 4027 Seattle, WA 98104- | Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/25/2000 | \$5,000.00 |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Nancy Keenan for Montana P.O. Box 9249 Helena, MT 59604- | Contribution (House-MT-AL) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/08/2000 | \$5,000.00 |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Lauren Beth Gash for Congress 1345 Forest Highland Park, IL 60035- | Contribution (House-IL-10) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/06/2000 | \$5,000.00 |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Kelly for Congress P.O. Box 25285 Albuquerque, NM 87125- | Contribution (House-NM-1) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/30/2000 | \$5,000.00 |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Stabenow for Senate P.O. Box 4845 East Lansing, MI 48828- | Contribution (MI-Senate) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/23/2000 | \$5,000.00 |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| Kelleher for Congress 410 West Hovey Normal, IL 61761- | Contribution (House-IL-15) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/06/2000 | \$5,000.00 |

SUBTOTAL of Disbursements This Page (optional)

\$45,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 23

Contributions to Federal Candidates

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)

Effective Government Committee C00190876

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| McCollum for Congress 2484 Burke Avenue East North Saint Paul, MN 55109- | Contribution (House-MN-4) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/01/2000 | \$5,000.00 |
| B. Full Name, Mailing Address and ZIP Code Steve Israel for Congress Committee 15 Ormond Street Dix Hills, NY 11746- | Contribution (House-NY-2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/01/2000 | \$5,000.00 |
| C. Full Name, Mailing Address and ZIP Code Jody Wagner for Congress P.O. Box 1158 Virginia Beach, VA 23451- | Contribution (House-VA-2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/06/2000 | \$5,000.00 |
| D. Full Name, Mailing Address and ZIP Code Ken Bentsen for Congress Committee 5815 Morningaide No. 3D1 Houston, TX 77005- | Contribution (House-TX-25) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/30/2000 | \$5,000.00 |
| E. Full Name, Mailing Address and ZIP Code Nelson 2000 1915 North 121st Street Suite B Omaha, NE 68154- | Contribution (NE-Senate) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/23/2000 | \$5,000.00 |
| F. Full Name, Mailing Address and ZIP Code Carper for Senate 2000 240 North James Street Suite 100-A Newport, DE 19804- | Contribution (DE-Senate) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/23/2000 | \$5,000.00 |
| G. Full Name, Mailing Address and ZIP Code Marshall for Congress P.O. Box 125 Macon, GA 31202- | Contribution (House-GA-8) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/06/2000 | \$5,000.00 |
| H. Full Name, Mailing Address and ZIP Code Baesler for Congress P.O. Box 1807 Lexington, KY 40588- | Contribution (House-KY-8) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/01/2000 | \$5,000.00 |
| I. Full Name, Mailing Address and ZIP Code Friends of Corrine Brown 3108 River Bend Court No. D-102 Laurel, MD 20724- | Contribution (House-FL-3) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/25/2000 | \$5,000.00 |

SUBTOTAL of Disbursements This Page (optional)

\$45,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 23

Contributions to Federal Candidates

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)

Effective Government Committee C00190876

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Ted House for Congress Committee P.O. Box 457 Saint Charles, MO 63302- | Contribution (House-MO-2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/23/2000 | \$5,000.00 |
| Brad Carson for Congress Committee P.O. Box 1982 Claremore, OK 74018- | Contribution (House-OK-2) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/30/2000 | \$5,000.00 |
| Bill Nelson for U.S. Senate P.O. Box 10962 Tallahassee, FL 32302- | Contribution (FL-Senate) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 10/23/2000 | \$5,000.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|--|--------------|
| SUBTOTAL of Disbursements This Page (optional) | \$15,000.00 |
| TOTAL This Period (last page this line number only) | \$105,000.00 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 28(a)

Refunds of Contributions to Individuals

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)

Effective Government Committee C00190876

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Refund | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Viejas Tribe 1 Viejas Grade Road Alpine, CA 91901 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 11/02/2000 | \$5,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

| | |
|--|------------|
| SUBTOTAL of Disbursements This Page (optional) | \$5,000.00 |
| TOTAL This Period (last page this line number only) | \$5,000.00 |

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

| | |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> Hand Delivered | Date of Receipt <i>12/7/08</i> |
| <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 | |

J.A.O.
PREPARER

12/7/08
DATE PREPARED