

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 FEB -1 P 2:51

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>ALBANIAN AMERICAN PUBLIC AFFAIRS COMMITTEE</b>		2. FEC IDENTIFICATION NUMBER <b>000278689</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>5 OLD ROAD</b>		
CITY, STATE and ZIP CODE <b>ELMSFORD, N.Y. 10523</b>		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

- (a)  April 16 Quarterly Report  
 July 16 Quarterly Report  
 October 16 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <b>7-1-99</b> through <b>12-31-99</b>		
6. (a) Cash on Hand January 1, 19 <b>99</b>		\$ <b>135.51</b>
(b) Cash on Hand at Beginning of Reporting Period	\$ <b>444.05</b>	
(c) Total Receipts (from Line 18)	\$ <b>8,200.00</b>	\$ <b>10,700.00</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	\$ <b>8,644.05</b>	\$ <b>10,835.51</b>
7. Total Disbursements (from Line 30)	\$ <b>8,469.91</b>	\$ <b>10,661.37</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <b>174.14</b>	\$ <b>174.14</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <b>0</b>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <b>0</b>	

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  
**SHIRLEY A. CLOYES**

Signature of Treasurer  
*Shirley A. Cloyes*

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.

FEC FORM 3X  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>ALABAMIAN AMERICAN PUBLIC AFFAIRS COMMITTEE</b>		REPORT COVERING PERIOD FROM <b>7-1-99</b> TO <b>12-31-99</b>		
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (use Schedule A)		\$ 8,200	\$ 10,700	11(a)(i)
ii. Unitemized		0	0	11(a)(ii)
iii. Total (add i and ii) >		8,200	10,700	11(a)(iii)
b. Political Party Committees		0	0	11(b)
c. Other Political Committees (such as PACs)		0	0	11(c)
d. Total Contributions (add a iii, b and c) >		8,200	10,700	11(d)
12. Transfers From Affiliated/Other Party Committees		0	0	12
13. All Loans Received		0	0	13
14. Loan Repayments Received		0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)		0	0	17
18. Transfers from Nonfederal Account for Joint Activity		0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		\$ 8,200	\$ 10,700	19
20. Total Federal Receipts (subtract line 18 from line 19) >		8,200	10,700	20
<b>II. Disbursements</b>				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share		0	0	21(a)(i)
ii. Non-Federal Share		119.91	2,211.37	21(a)(ii)
b. Other Federal Operating Expenditures		119.91	2,211.37	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >		119.91	2,211.37	21(c)
22. Transfers to Affiliated/Other Party Committees		0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees		8,350	8,450.00	23
24. Independent Expenditures (use Schedule E)		0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0	0	25
26. Loan Repayments Made		0	0	26
27. Loans Made		0	0	27
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees		0	0	28(a)
b. Political Party Committees		0	0	28(b)
c. Other Political Committees (such as PACs)		0	0	28(c)
d. Total Contribution Refunds (add a, b and c) >		0	0	28(d)
29. Other Disbursements		0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		\$ 8,469.91	\$ 10,661.37	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		8,469.91	10,661.37	31
<b>III. Net Contributions/Operating Expenditures</b>				
32. Total Contributions (other than loans)(from line 11d)		\$ 8,200.00	\$ 10,700.00	32
33. Total Contribution Refunds (from line 28d)		0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)		8,200.00	10,700.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		119.91	2,211.37	35
36. Offsets to Operating Expenditures (from line 15)		0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >		119.91	2,211.37	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3  
FOR LINE NUMBER 11a

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)

ALBANIAN AMERICAN PUBLIC AFFAIRS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRIKA XHEMA 636 STEAMBOAT RD GREENWICH CT. 06830	SELF-EMPLOYED	10-25-99	\$ 2,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INVESTOR/HOUSEWIFE Aggregate Year-to-Date > \$ 2,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BEDIR MARKU 1623 AVENUE V BROOKLYN, N.Y. 11229	BIG APPLE ROOFING	10-25-99	\$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CONTRACTOR Aggregate Year-to-Date > \$ 1,500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RIFAT MEMETI 499 STEUBEN ST STATEN ISLAND, N.Y. 10305	SELF-EMPLOYED	10-25-99	\$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RESTAURANT BUR Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ZEF BALAJ 16 KERRY LANE CHAPPAQUA, NY 10514	ZELI REALTY	10-25-99	\$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT 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
JOHN ZADRIMA 2443 LARONIA AVE BRONX, NY 10469	G.J. REALTY	10-25-99	\$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ZIHANI ISMAILI 31 MARGERIE DR. NEW FAIRFIELD CT 06858	SELF-EMPLOYED	10-25-99	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MASON CONTRACTOR Aggregate Year-to-Date > \$ 250		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FAIK LITA 190 SUFFOLK AVE STATEN ISLAND, NY 10314	SELF-EMPLOYED	10-25-99	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DANNON DISTRIBUTOR Aggregate Year-to-Date > \$ 250		

BUSTOTAL of Receipts This Page (optional) ..... 4,500

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 3  
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

ALBANIAN AMERICAN PUBLIC AFFAIRS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AAI RIFATI 173 WALL ST WATERBURY, CT 06704	AMI'S BAGELS	10-25-99	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STON BUCAJ 16 LAKE ST. WHITE PLAINS, NY 10603	MOUNT VERNON NEIGHBORHOOD HEALTH CENTER	10-25-99	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FANOL BOJKA 122 SUMMIT RD PROSPECT, CT 06712	SELF-EMPLOYED	10-25-99	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IKMET ZHUTA 92 PEACOCK ST BRISTOL, CT 06010	SELF-EMPLOYED	10-25-99	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HAIRCARE	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
DERVISH SHEHU 29 KANSAS AVE STATEN ISLAND, NY 10310	MEDICAL ARTS BLDG	10-25-99	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGER	Aggregate Year-to-Date > \$ 250	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ZUDI KARAGJOSI 1 KRISTEN COURT MATAPAN, N.J. 07747	SELF-EMPLOYED	10-25-99	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REAL ESTATE BROKER	Aggregate Year-to-Date > \$ 1,250.	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM THOMAS 135 PINE ST NEW HYDE PARK, NY 11040	SELF-EMPLOYED	10-25-99	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STOCK TRADER	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional)

\$ 1,750

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 3 OF 3

FOR LINE NUMBER

11a

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NAME OF COMMITTEE (in Full)

ALBANIAN AMERICAN PUBLIC AFFAIRS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MAL BERISHA 241 W. ST GEORGE AVE LINDEN, N.J. 07036	SELF-EMPLOYED CONSULTANT	10-25-99	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GEZ AGOLLI 19308 PINE GLEN DR FT. MYERS FLA 33907	PROGRESSIVE MEDICAL GROUP PRESIDENT	10-25-99	\$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LEE HANDIA 521 59th ST KENOSHA, WIS. 53140	DAYTON RESIDENTIAL CARE PRESIDENT	11-8-99	\$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
FERO STONBALAJ 1 LISA COURT ENGLISHTOWN, N.J. 07726	SELF EMPLOYED RESTAURANTEUR	11-8-99	\$ 400.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ALBERT FOUNDOS 1850 LANSDOWNE AVE MERRICK, N.Y. 11566	LANSIA CORPORATION CHAIRMAN	11-24-99	\$ 300.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) .....

\$ 1,950

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

\$ 8,200

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ALBANIAN AMERICAN PUBLIC AFFAIRS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF BOB FOIS 35 DOWNER AVE SCARSDALE, NY. 10583	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-14-99	\$ 250.
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR GILMAN P.O. BOX 3001 MIDDLETOWN, N.Y. 10940	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-25-99	\$ 5,000.
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CITIZENS FOR GILMAN P.O. BOX 3001 MIDDLETOWN, N.Y. 10940	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-31-99	\$ 2,000
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT DANA ROHRBACHER 945 10th ST HUNTINGTON BEACH, CA 92648	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-8-99	\$ 1,000
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McCAIN 2000 P.O. BOX 1677 ALEXANDRIA, VA 22313	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-25-99	100
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)

\$ 8,350.

TOTAL This Period (last page this line number only)

\$ 8,350.

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

ALBANIAN AMERICAN PUBLIC AFFAIRS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HUDSON VALLEY BANK 328 CENTRAL PARK AVE WHITE PLAINS, N.Y. 10606	SERVICE CHGS	7-30-99	15.16
		8-30-99	15.00
		9-30-99	15.00
HUDSON VALLEY BANK 328 CENTRAL PARK AVE WHITE PLAINS, N.Y. 10606	SERVICE CHGS	10-27-99	25.00
		10-30-99	18.13
		11-30-99	16.46
HUDSON VALLEY BANK 328 CENTRAL PARK AVE WHITE PLAINS, N.Y. 10606	SERVICE CHGS	12-30-99	15.16
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)

119.91

TOTAL This Period (last page this line number only)

119.91

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input checked="" 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	

EB  
PREPARER

2/1/00  
DATE PREPARED