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**FEC
FORM 3X**

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

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

12FB4M5

National Renal Administrators Association PAC

ADDRESS (number and street)

11250 Roger Bacon Drive Ste 8

Check if different than previously reported. (AGC)

Reston

VA

20190 5202

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000255091

3. IS THIS REPORT

NEW (N)

OR

AMEND (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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

Primary (12P)

General (12G)

Runoff (12R)

Conventional (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

01 01 2000

through

12 31 2000

I certify that I have examined this Report and in the best of my knowledge and belief it is true, correct and complete.

Type in Print Name of Treasurer

STEVEN C. BUCKER

Signature of Treasurer

Date

05 03 2001

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

Office Use Only

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 2X (Revised 1/01)

Page 2

Write or Type Committee Name

Report Covering the Period: From: 01 01 2000 To: 12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="checkbox"/>		392545
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)		1434872
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		1827417
7. Total Disbursements (from Line 30)		10505575
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		776842
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/03)

Page 3

Write or Type Committee Name

Report Covering the Period: From: 0000000000 To: 0000000000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)		
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii))		14,226.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c) (Carry Totals to Line 32, page 4))		14,226.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		122.72
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)		14,348.72
20. Total Federal Receipts (subtract Line 18 from Line 19)		14,348.72

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

ii. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(b) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(II) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		1050000
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loans Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		1050000
29. Other Disbursements		575
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)		10505575
31. Total Federal Disbursements (subtract Line 21(a)(II) from Line 30)		10505575
iii. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)		1422600
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

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

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

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

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

NAME OF COMMITTEE (In Full)

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
192,260.00

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

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

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

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

FDR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

National Renal Administrators Association - PAC

Full Name (Last, First, Middle Initial)

A. EARL Pomeroy for Congress

Date of Disbursement

10 14 2000

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

100000

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Bill Thomas Campaign Committee

Date of Disbursement

10 19 2000

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

100000

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Friends of Kent Conrad

Date of Disbursement

10 19 2000

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

100000

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page will use number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Karen Thurman

09 / 29 / 2000

Mailing Address

City

State

Zip Code

Amount of Each Disbursement This Period

Purpose of Disbursement

1,000.00

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Robb For Senate

09 / 18 / 2000

Mailing Address

424 C Street, NE

City

State

Zip Code

Amount of Each Disbursement This Period

Purpose of Disbursement

1,000.00

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Pete Stark Re Election Committee

09 / 18 / 2000

Mailing Address

39380 Civic Center Drive Ste 230

City

State

Zip Code

Amount of Each Disbursement This Period

Purpose of Disbursement

1,000.00

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (in Full)

Full Name (Last, First, Middle Initial) A. <u>Rangel for Cong</u>		Date of Disbursement <u>04 30 2000</u>
Mailing Address		Amount of Each Disbursement This Period <u>100000</u>
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. <u>Bill Thomas</u>		Date of Disbursement <u>04 30 2000</u>
Mailing Address		Amount of Each Disbursement This Period <u>100000</u>
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement This Period
Purpose of Disbursement		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

BUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b <input type="checkbox"/> 26	<input type="checkbox"/> 22 <input type="checkbox"/> 27	<input type="checkbox"/> 23 <input type="checkbox"/> 28a	<input type="checkbox"/> 24 <input type="checkbox"/> 28b	<input type="checkbox"/> 25 <input type="checkbox"/> 28c	<input type="checkbox"/> 29		

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NAME OF COMMITTEE (In Full)
National Rental Administrators Association - PAC

A Dave Camp for Congress

Mailing Address: P.O. Box 423

City: Midland State: MI Zip Code: 48640

Purpose of Disbursement: Candidate Name: Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 14 2000

Amount of Each Disbursement this Period: 100000

B Friends of Sam Johnson

Mailing Address: P.O. Box 860096

City: Plano State: TX Zip Code: 75086-0096

Purpose of Disbursement: Candidate Name: Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 14 2000

Amount of Each Disbursement this Period: 100000

C Pete Stark

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement: Candidate Name: Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 31 2000

Amount of Each Disbursement this Period: 50000

SUBTOTAL of Disbursements This Page (optional) _____ ▶

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

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

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

FOR LINE NUMBER: (check only one)

PAGE OF

<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

B.		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

C.		Date of Disbursement
Mailing Address		MM / DD / YYYY
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional)	▶	
TOTAL This Period (list page this line number only)	▶	

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE 01 OF 01
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

National Renal Administrators Association- PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Location:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment to Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

_____/_____/_____ % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional) ▶

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

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

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

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)	
Mailing Address	Date Incurred or Established		
City State Zip Code	Date Due		

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

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

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

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

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

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

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

G. COMMITTEE TREASURER
Typed Name: DATE:
Signature:

H. Attach a signed copy of the loan agreement.

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

AUTHORIZED REPRESENTATIVE
Typed Name: DATE:
Signature: Title:

**SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS**

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

PAGE OF
FOR LINE NUMBER:
(check only one) 9 10

Excluding Loans

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

PAGE _____ OF _____
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER <input type="text"/>
-----------------------------	---

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

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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

Subscribed and sworn to before me this day of

My Commission expires:

Signature: _____ Date:

NOTARY PUBLIC

SCHEDULE F (FEC Form 3X)

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) _____

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

Full Name (Last, First, Middle Initial) of Each Payee _____		Purpose of Expenditure _____		<input type="checkbox"/> _____ Category/Type
Mailing Address _____		Date		
City _____ State _____ Zip Code _____		<input type="text"/>		
Name of Federal Candidate Supported _____	Office Sought: _____	House _____ Senate _____ Presidential _____	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶ _____		_____		

Full Name (Last, First, Middle Initial) of Each Payee _____		Purpose of Expenditure _____		<input type="checkbox"/> _____ Category/Type
Mailing Address _____		Date		
City _____ State _____ Zip Code _____		<input type="text"/>		
Name of Federal Candidate Supported _____	Office Sought: _____	House _____ Senate _____ Presidential _____	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶ _____		_____		

Full Name (Last, First, Middle Initial) of Each Payee _____		Purpose of Expenditure _____		<input type="checkbox"/> _____ Category/Type
Mailing Address _____		Date		
City _____ State _____ Zip Code _____		<input type="text"/>		
Name of Federal Candidate Supported _____	Office Sought: _____	House _____ Senate _____ Presidential _____	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶ _____		_____		

SUBTOTAL of Expenditures This Page (optional) _____ ▶	<input type="text"/>
TOTAL This Period (last page this line number only) _____ ▶	

SCHEDULE H1 (FEC Form 3X)

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

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION

A. NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right)
Presidential Year (85%)
All Other Years (80%)

B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (if checked, enter 65% in box to right)
OR
FUNDS EXPENDED:
Estimated Direct Candidate Support -- Federal
Estimated Direct Candidate Support -- Non-Federal
ADJUSTMENTS TO FUNDS EXPENDED:
Actual Direct Candidate Support -- Federal
Actual Direct Candidate Support -- Non-Federal
NOTE: Funds expended must be used if the Federal proportion is greater than 65% in any year.

C. SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
Estimated Direct Candidate Support -- Federal
Estimated Direct Candidate Support -- Non-Federal
ADJUSTMENTS TO FUNDS EXPENDED:
Actual Direct Candidate Support -- Federal
Actual Direct Candidate Support -- Non-Federal

D. STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

Check all Offices appearing on the next General Election Ballot:

1. President (1 Point)
2. U.S. Senate (1 Point)
3. U.S. Congress (1 Point)

4. SUBTOTAL -- Federal (ADD 1, 2, AND 3)

5. Governor (1 Point)
6. Other Statewide Office(s) (1 or 2 Points)
7. State Senate (1 Point)
8. State Representative (1 Point)
9. Local Candidates (1 or 2 Points)
10. Extra Non-Federal Point (1 Point)

11. SUBTOTAL -- Non-Federal (Add 5, 6, 7, 8, 9, and 10)
12. TOTAL POINTS (Line 4 plus Line 11)

Table with 2 columns: NUMBER OF POINTS, and rows corresponding to ballot items 1-12.

FEDERAL ALLOCATION = Line 4 divided by Line 12

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

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

Methods of allocation:

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

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %
NAME OF ACTIVITY OR EVENT <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [] %	NON-FEDERAL % [] %

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

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive

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

DIRECT FUNDRAISING AMOUNT

- a) _____
- b) _____
- c) _____
- d) _____
- e) Total Amount Transferred For Direct Fundraising ..

**EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT**

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

- a) _____
- b) _____
- c) _____
- d) _____
- e) Total Amount Transferred For
Exempt Activity/Direct Candidate Support

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period
(Administrative/Voter Drive Amount)

TOTAL This Period (Direct Fundraising Amount)

TOTAL This Period (Exempt Activity/Direct Candidate Support)

TOTAL This Period (Total Amount Transferred)

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

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

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

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

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

SUBTOTAL of Joint Federal and Non-Federal Activity This Page		TOTAL AMOUNT	
FEDERAL SHARE + NON-FEDERAL SHARE =	<input type="text"/>		
TOTAL This Period (last page for each line only) Federal share to 21(a)(i) and non-Federal share to 21(a)(ii)		TOTAL AMOUNT	
FEDERAL SHARE	NON-FEDERAL SHARE	<input type="text"/>	
TOTAL This Period for the Non-Federal Share (used for line 31 of the detailed summary page)		<input type="text"/>	

SCHEDULE I (FEC Form 3X)

AGGREGATION PAGE

NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES

(Use a separate Aggregation Page for each nonfederal account)

NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT	Coverage Period From: <input style="width: 100%;" type="text"/>	To: <input style="width: 100%;" type="text"/>
RECEIPTS (Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO DATE
1. TOTAL RECEIPTS	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
DISBURSEMENTS: (Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)		
2. Transfers to Federal or Allocation Account for Allocable Expenses	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. Transfers to State/Local Party Organizations	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4. Direct State/Local Candidate Support	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
5. Other Disbursements	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
SUMMARY		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
8. RECEIPTS (from Line 1)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
9. SUBTOTAL	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
10. DISBURSEMENTS (from Line 6)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
11. ENDING CASH ON HAND	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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>5-7-01</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	
<i>JMP</i> PREPARER	<i>5-7-01</i> DATE PREPARED