

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 15
05/15/2000 13 : 07

1. NAME OF COMMITTEE (in full) Pfizer PAC		2. FEC IDENTIFICATION NUMBER C00016883
ADDRESS (number and street) 235 East 42nd St.	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE New York NY 10017		3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate 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:
- | | | |
|--|---------------------------------------|--------------------------------------|
| <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 checked="" type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type)
- election on _____ In the State of _____
- Thirtieth day 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 <u>04/01/2000</u> through <u>04/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		118346.27
(b) Cash on Hand at Beginning of Reporting Period	149300.15	
(c) Total Receipts (from line 19)	28715.80	141036.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	178015.95	259385.04
7. Total Disbursements (from line 30)	65450.00	146819.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	112565.95	112565.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.		
Type or Print Name of Treasurer Electronically Filed by Alan G. Levin		
Signature of Treasurer	Date 05/20/2000	

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE Pfizer PAC	REPORT COVERING PERIOD		
	FROM 04/01/2000	TO: 04/30/2000	
I. Receipts			
	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5243.93	31475.87	11.a.i.
ii. Unitemized	22503.54	100175.55	11.a.ii.
iii. Total	27747.47	131651.42	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	27747.47	131651.42	11.d.
12. Transfers From Affiliated/Other Party Committees	400.00	2185.85	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	5000.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	568.33	2189.40	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	28715.80	141036.77	19.
20. Total Federal Receipts	28715.80	141036.77	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	67.00	21.b.
c. Total Operating Expenditures	0.00	67.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	12750.00	80350.00	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 Sch. 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. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	52700.00	66362.09	29.
30. Total Disbursements	65450.00	146819.09	30.
31. Total Federal Disbursements	65450.00	146819.09	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	27747.47	131651.42	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	27747.47	131651.42	34.
35. Total Federal Operating Expenditures	0.00	67.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	67.00	37.

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page		3 / 15	
				FOR LINE NUMBER 11A1			
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) Pfizer PAC							
Full Name, Mailing Address, and ZIP Code MR ROBERT W NORTON 6 OLD STONE BRIDGE RD COS COB CT 06807-1510		Name of Employer Pfizer Inc.		Date (month, day, year) 04/30/2000		Amount of Each Receipt this Period 182.37	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SVP-EMPLOYEE RESOURCES - PPG		Aggregate Year-to-Date > \$ 729.48			
Full Name, Mailing Address, and ZIP Code MR JOHN W MITCHELL 235 E 42 ST C/O PFIZER INC NEW YORK NY 10017-5703		Name of Employer Pfizer Inc.		Date (month, day, year) 04/30/2000		Amount of Each Receipt this Period 202.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation SVP PPG;TEAM LDR GLOBAL MANUF		Aggregate Year-to-Date > \$ 808.00			
Full Name, Mailing Address, and ZIP Code MR PAUL DEL BALSIO 16 SUTTON PLACE NEW YORK NY 10022		Name of Employer Pfizer Inc.		Date (month, day, year) 04/30/2000		Amount of Each Receipt this Period 147.25	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP-CORP TECH & SVCS		Aggregate Year-to-Date > \$ 1877.49			
Full Name, Mailing Address, and ZIP Code MR GREGORY J HOUNSELL 183-18 99TH STREET HOWARD BEACH NY 11414-4038		Name of Employer Pfizer Inc.		Date (month, day, year) 04/30/2000		Amount of Each Receipt this Period 54.70	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation PRINCIPAL ENGINEER		Aggregate Year-to-Date > \$ 269.60			
Full Name, Mailing Address, and ZIP Code MR ALAN G LEVIN 23 SKYLARK DRIVE SPRING VALLEY NY 10977		Name of Employer Pfizer Inc.		Date (month, day, year) 04/30/2000		Amount of Each Receipt this Period 169.79	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation VP & TREASURER		Aggregate Year-to-Date > \$ 2072.08			
Full Name, Mailing Address, and ZIP Code MR MATTHEW W LUSTIG 2355 BRIARLEIGH WAY DUNWOODY GA 30338		Name of Employer Pfizer Inc.		Date (month, day, year) 04/30/2000		Amount of Each Receipt this Period 43.66	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation ASST TO REGIONAL MANAGER		Aggregate Year-to-Date > \$ 211.14			
Full Name, Mailing Address, and ZIP Code MR CONSTANTINE L CLEMENTE 5 THE HIGH ROAD BRONXVILLE NY 10708		Name of Employer Pfizer Inc.		Date (month, day, year) 04/30/2000		Amount of Each Receipt this Period 271.45	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation EVP CORPORATE AFFAIRS		Aggregate Year-to-Date > \$ 4334.40			
SUBTOTALS of Receipts This Page (Optional)							
TOTALS This Period (last page this line number only)							

SCHEDULE A		ITEMIZED RECEIPTS		4 / 15
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Pfizer PAC				
Full Name, Mailing Address, and ZIP Code MR PHILIP J SANTORIELLA 14 BONNY DRIVE SOMERS NY 10580-2507 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP INTL FIELD OPNS - PPG Aggregate Year-to-Date > \$ 5 579.99	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 110.75	
Full Name, Mailing Address, and ZIP Code MR RICHARD F REGGIO 2 MOUNTAIN CREST CORNWALL-ON-HUDSON NY 12520-1819 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP/GRP LEADER - SALES Aggregate Year-to-Date > \$ 8 1431.16	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 121.29	
Full Name, Mailing Address, and ZIP Code MR DANIEL P CRONIN 24 WOODLAWN AVENUE NEW ROCHELLE NY 10804-4619 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR ASST GEN COUNSEL Aggregate Year-to-Date > \$ 8 300.00	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 75.00	
Full Name, Mailing Address, and ZIP Code MR GARY N JORTNER 18 LONGLEDGE DRIVE RYE BROOK NY 10573-1845 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SVP PRDT DEV - PPG Aggregate Year-to-Date > \$ 8 2058.80	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 171.95	
Full Name, Mailing Address, and ZIP Code MR ALLAN SHARFSTEIN 89 SUMMITWOOD LANE MT. KISCO NY 10549 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP-AUDIT Aggregate Year-to-Date > \$ 8 400.00	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code MR ROGER SIROTA 15704 HILL HOUSE RD CHESTERFIELD MD 20717-7213 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation REGIONAL ACCOUNT MANAGER Aggregate Year-to-Date > \$ 8 323.66	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 54.04	
Full Name, Mailing Address, and ZIP Code MR JOHN F BRONZO MOHAWK TRAIL P O BOX 120 GOLDENS BRIDGE NY 10526-0129 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SENIOR CORPORATE COUNSEL Aggregate Year-to-Date > \$ 8 417.48	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 79.37	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		5 / 15
Use separate schedule(s) for each category of the Detailed Summary Page				FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Pfizer PAC				
Full Name, Mailing Address, and ZIP Code DR ROGER M SACHS 7 APACHE TRAIL WESTPORT CT 06880-1637 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SVP MEDICAL AFFAIRS Aggregate Year-to-Date > \$ 480.00	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 120.00	
Full Name, Mailing Address, and ZIP Code MR RONALD S POMERANTZ 6 ASH LANE VALLEY STREAM NY 11581-1702 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation ASST DIR PHARM MFG Aggregate Year-to-Date > \$ 524.00	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 88.25	
Full Name, Mailing Address, and ZIP Code MR BRIAN W BARRETT 16 MIANUS BLUFF DRIVE BEDFORD NY 10506-9504 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation PRESIDENT, ANIMAL HEALTH GROUP Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 125.00	
Full Name, Mailing Address, and ZIP Code MR ROBERT M WALSH 13 LYNN DR LEDYARD CT 06339-1312 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation PROJECT MANAGEMENT ADVISOR Aggregate Year-to-Date > \$ 279.32	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 57.58	
Full Name, Mailing Address, and ZIP Code MR ROBERT F SHEYKA 403 WHITON ST JERSEY CITY NJ 07304-4126 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR PATENT ATTORNEY Aggregate Year-to-Date > \$ 338.30	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 70.20	
Full Name, Mailing Address, and ZIP Code MR DAVID L SHEDLARZ 265 E. 86TH STREET APT. 29C NEW YORK NY 10021 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation EVP & CFO Aggregate Year-to-Date > \$ 4313.74	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 289.62	
Full Name, Mailing Address, and ZIP Code MR JACK K PASINI 39 W WILDWOOD ROAD SADDLE RIVER NJ 07456 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation VP,GRP LDR-WW ANTI-INFECT GRP Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 100.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

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			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Pfizer PAC

Full Name, Mailing Address, and ZIP Code MS CATHERINE P BENNETT 1323 KIRBY ROAD MC LEAN VA 22101-2410 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 87.50
	Occupation VP FED TAX & TRADE LEGISLATION	Aggregate Year-to-Date > \$ 728.49	
Full Name, Mailing Address, and ZIP Code DR DOUGLAS O FISHER 59 OLD POST RD RR #5 WAKEFIELD RI 02879 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 48.00
	Occupation SR ASSOC DIR CLIN RES	Aggregate Year-to-Date > \$ 230.50	
Full Name, Mailing Address, and ZIP Code MR KEITH WOOLLEY 1153 LAFAYETTE STREET DENVER CO 80218 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 46.70
	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 228.67	
Full Name, Mailing Address, and ZIP Code MR WILLIAM G MC CREERY 36 AXTELL DRIVE SCARSDALE NY 10583-5602 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 50.47
	Occupation VP ADMIN & ASST SECY	Aggregate Year-to-Date > \$ 401.88	
Full Name, Mailing Address, and ZIP Code MR DAVID A PARKER 1463 HARBORSUN DRIVE CHARLESTON SC 29412 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 39.16
	Occupation SR INST HEALTHCARE REP	Aggregate Year-to-Date > \$ 215.95	
Full Name, Mailing Address, and ZIP Code MR MICHAEL D BOYD 2636 N. OHIO STREET ARLINGTON VA 22207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 47.41
	Occupation ASST DIR GOVT RELATIONS	Aggregate Year-to-Date > \$ 219.64	
Full Name, Mailing Address, and ZIP Code MR WILLIAM S CASH 452 BAYBERRY LANE MOUNTAINSIDE NJ 07092-1401 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 100.70
	Occupation SR DIR CLIN DATA INFO & OPNS	Aggregate Year-to-Date > \$ 841.30	

SUBTOTALS of Receipts This Page (Optional)

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			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Pfizer PAC

Full Name, Mailing Address, and ZIP Code MR SEAN P RAFFERTY 1111 LAKE BLUFF CIRCLE LOUISVILLE KY 40245 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 47.29
	Occupation SR CARDIOVAS HLTHCARE REP	Aggregate Year-to-Date > \$ 258.87	
Full Name, Mailing Address, and ZIP Code MRS SUSAN A STANDER 6302 N MOCKINGBIRD LANE PARADISE VALLEY AZ 85255-2507 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 42.50
	Occupation SR PROFESSIONAL HLTHCARE CONS	Aggregate Year-to-Date > \$ 258.57	
Full Name, Mailing Address, and ZIP Code MR BO B JARNSTEDT 250 STANDWICH RD GREENWICH CT 06830 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 89.16
	Occupation VP MKTG OPNS	Aggregate Year-to-Date > \$ 768.64	
Full Name, Mailing Address, and ZIP Code MR JAMES D WITHERSPOON 6432 RIVER TIDE DRIVE MEMPHIS TN 38120-2638 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 64.79
	Occupation REGIONAL LOGISTICS DIRECTOR	Aggregate Year-to-Date > \$ 494.66	
Full Name, Mailing Address, and ZIP Code MR JAMES E SKELLEY 2036 HIGHLAND DR. HOOVER AL 35244 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 49.58
	Occupation SR PROFESSIONAL HLTHCARE CONS	Aggregate Year-to-Date > \$ 258.96	
Full Name, Mailing Address, and ZIP Code MR JOHN M SAUCIER 27 SHADY VALLEY DR. CONWAY AR 72032-3332 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 41.37
	Occupation SR PROFESSIONAL HLTHCARE CONS	Aggregate Year-to-Date > \$ 223.44	
Full Name, Mailing Address, and ZIP Code MRS CHRIS M GROW 6830 LORNA LANE DALLAS TX 75214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 43.12
	Occupation DISTRICT MANAGER	Aggregate Year-to-Date > \$ 230.14	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) Pfizer PAC				
Full Name, Mailing Address, and ZIP Code MR LARRY C TURRENTINE 14508 BUTTERFIELD DRIVE EDMOND OK 73013 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 445.78	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 87.29	
Full Name, Mailing Address, and ZIP Code MR MARK EDWARD WALGREN 3215 SUMMERFIELD GRAPEVINE TX 76051-6551 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation INSTITUTIONAL HEALTHCARE REP Aggregate Year-to-Date > \$ 247.46	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 46.69	
Full Name, Mailing Address, and ZIP Code MRS MARNEE C CAMP 100 JUNIPER MANSFIELD TX 76063-1813 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR INST HEALTHCARE REP Aggregate Year-to-Date > \$ 241.61	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 41.67	
Full Name, Mailing Address, and ZIP Code MR JAMES N BRAWLEY 71 WAYNE STREET #3 JERSEY CITY NJ 07302-3517 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation ASSOC DIR/TM LR PHARM DEV & TR Aggregate Year-to-Date > \$ 411.64	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 61.41	
Full Name, Mailing Address, and ZIP Code MS KAREN L KATEN 425 EAST 58TH STREET APT. 22D NEW YORK NY 10022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SVP: EVP.PPG & PRES,US PHARM Aggregate Year-to-Date > \$ 1103.82	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 291.16	
Full Name, Mailing Address, and ZIP Code MR HOLGER E SCHUSTER 928 MORGAN BLUFF ROAD PEARL RIVER LA 70452-3831 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation SR DISTRICT MANAGER Aggregate Year-to-Date > \$ 249.06	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 50.62	
Full Name, Mailing Address, and ZIP Code MR CASEY D WOOD 16715 POLO FIELDS LN LOUISVILLE KY 40245 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc. Occupation DISTRICT MANAGER Aggregate Year-to-Date > \$ 258.88	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 45.29	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 15
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Pfizer PAC

Full Name, Mailing Address, and ZIP Code MR M. KENNETH BOWLER 11532 MANORSTONE LANE COLUMBIA MD 21044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 140.33
	Occupation VP-FEDERAL GOV'T RELATIONS	Aggregate Year-to-Date > \$ 538.98	
Full Name, Mailing Address, and ZIP Code MR J M RICHARDSON 64 E 80TH STREET APT 2R NEW YORK NY 10021-0243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 109.75
	Occupation VP ENVIR SAFE&HTH A8TG&AST SEC	Aggregate Year-to-Date > \$ 1044.48	
Full Name, Mailing Address, and ZIP Code MR LARRY B SMITH 6 RICHMOND HILL DRIVE SPARTA NJ 07871-4003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 75.16
	Occupation REGIONAL MANAGER	Aggregate Year-to-Date > \$ 425.28	
Full Name, Mailing Address, and ZIP Code MS MARJORIE C FINKELNBURG 108 N. WEST STREET ALEXANDRIA VA 22314-2710 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 54.12
	Occupation ASST DIR GOVT RELATIONS	Aggregate Year-to-Date > \$ 263.98	
Full Name, Mailing Address, and ZIP Code MR DEREK F G LEONG 461 ANOLANI STREET HONOLULU HI 96821 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 30.94
	Occupation PROFESSIONAL HEALTHCARE REP II	Aggregate Year-to-Date > \$ 245.67	
Full Name, Mailing Address, and ZIP Code MR DANA WILLIAM MATTHEWS 3654 GULF MIST COURT DESTIN FL 32541 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 32.20
	Occupation INSTITUTIONAL HEALTHCARE REP	Aggregate Year-to-Date > \$ 208.81	
Full Name, Mailing Address, and ZIP Code MS SANDRA C JOHNSON 111 GLENDALE GARDEN DRIVE NASHVILLE TN 37204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 75.00
	Occupation STATE GOVT REL MGR	Aggregate Year-to-Date > \$ 300.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 15
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Pfizer PAC

Full Name, Mailing Address, and ZIP Code MR PHILLIP BLAKE CLAUNCH 6625 HOLLIS DRIVE MONTGOMERY AL 36117 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 25.83
	Occupation PROFESSIONAL HEALTHCARE REP I		
	Aggregate Year-to-Date > \$ 224.39		
Full Name, Mailing Address, and ZIP Code MR MICHAEL JOHN BOLEN 1424 ROYAL OAK DRIVE BLUE BELL PA 19422 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 46.45
	Occupation STATE GOVT REL MGR		
	Aggregate Year-to-Date > \$ 205.80		
Full Name, Mailing Address, and ZIP Code MR JOSEPH C JENSEN 400 EAST 56TH STREET APT. 4-N, NEW YORK NY 10022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Pfizer Inc.	Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 100.00
	Occupation AREA VICE PRES,EUROPEAN REGION		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code ROBERT L. SHAFER 96 Evergreen Avenue Rye NY 10580-2005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 04/19/2000	Amount of Each Receipt this Period 500.00
	Occupation		
	Aggregate Year-to-Date > \$ 500.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	5243.93

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER
12

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NAME OF COMMITTEE (In Full)
Pfizer PAC

Full Name, Mailing Address, and ZIP Code Pfizer PAC - State 235 East 42nd St New York NY 10017	Name of Employer Pfizer PAC - State	Date (month, day, year) 04/20/2000	Amount of Each Receipt this Period 400.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 550.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

400.00

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	12 / 15
					FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) Pfizer PAC					
Full Name, Mailing Address, and ZIP Code Wachovia Bank NA 301 North Church Street Winston-Salem NC 27150		Name of Employer		Date (month, day, year) 04/30/2000	Amount of Each Receipt this Period 568.33
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation			
		Aggregate Year-to-Date > 5 2189.40			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					568.33

SCHEDULE B		ITEMIZED DISBURSEMENTS		13 / 15
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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) Pfizer PAC				
Full Name, Mailing Address, and ZIP Code Abraham Senate 2000 c/o Jennifer Bingham 406 Yale Drive Alexandria VA 22314	Purpose of Disbursement Contribution: Spencer Abraham (MI-R) (Senate) Spencer Abraham (MI-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Friends of Conrad Burns - 2000 301 N. 27th Street Suite 300 Billings MT 59101	Purpose of Disbursement Contribution: Conrad Burns (MT-R) (Senate) Conrad Burns (MT-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Citizens for Dwight E. Bryan P.O. Box 351957 Toledo OH 43635	Purpose of Disbursement Contribution: Dwight Bryan (OH-9-R) (House) Dwight Bryan (OH-9-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : General	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Engel for Congress P.O. Box 90 Brooklyn NY 10463	Purpose of Disbursement Contribution: Eliot L. Engel (NY-17-D) (House) Eliot L. Engel (NY-17-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Friends of Mark Foley for Congress P.O. Box 30505 Palm Beach Gardens FL 33420	Purpose of Disbursement Contribution: Mark A. Foley (FL-18-R) (House) Mark A. Foley (FL-18-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Citizens Committee for Gilman for Congress P.O. Box 3001 Middletown NY 10940	Purpose of Disbursement Contribution: Benjamin A. Gilman (NY-20-R) (House) Benjamin A. Gilman (NY-20-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Jim Hansen Committee 5803 Oak Moss Terrace Burke VA 22015	Purpose of Disbursement Contribution: James V. Hansen (UT-1-R) (House) James V. Hansen (UT-1-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Mike McIntyre for Congress P.O. Box 1 Lumberton NC 28358	Purpose of Disbursement Contribution: Mike McIntyre (NC-7-D) (House) Mike McIntyre (NC-7-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Nethercutt for Congress 2000 3001 Park Center Drive Suite 1105 Alexandria VA 22302	Purpose of Disbursement Contribution: George R. Nethercutt, Jr. (House) George R. Nethercutt, Jr. (WA-5-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : Primary	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	14 / 15 FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) Pfizer PAC			
Full Name, Mailing Address, and ZIP Code Northup for Congress P.O. Box 7313 Louisville KY 40257	Purpose of Disbursement Contribution: Anne Meagher Northup (KY-3) Contribution: Anne Meagher Northup (KY-3-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Primary</u>	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Pickering for Congress 605 Upland Place Alexandria VA 22301	Purpose of Disbursement Contribution: Chip W. Pickering, Jr. (MS) Contribution: Chip W. Pickering, Jr. (MS-3-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Rogan for Congress Committee P.O. Box 36 Montrose CA 91021	Purpose of Disbursement Contribution: James E. Rogan (CA-27-R) Contribution: James E. Rogan (CA-27-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 750.00
Full Name, Mailing Address, and ZIP Code Volunteers for Shimkus P.O. Box 2776 Arlington VA 22202	Purpose of Disbursement Contribution: John M. Shimkus (IL-20-R) Contribution: John M. Shimkus (IL-20-R) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Friends of John Tanner P.O. Box 3301 Alexandria VA 22302	Purpose of Disbursement Contribution: John S. Tanner (TN-8-D) Contribution: John S. Tanner (TN-8-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Primary</u>	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Stenholm for Congress Committee P.O. Box 1032 Stanford TX 79553	Purpose of Disbursement Contribution: Charles W. Stenholm (TX-17) Contribution: Charles W. Stenholm (TX-17-D) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>General</u>	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 1000.00
Full Name, Mailing Address, and ZIP Code Martha Walker for Congress P.O. Box 643 Charleston WV 25323-0643	Purpose of Disbursement Contribution: Martha Walker (WV-2-D) Contribution: Martha Walker (WV-2-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <u>Primary</u>	Date (month, day, year) 04/24/2000	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			12750.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		15 / 15
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 28	
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NAME OF COMMITTEE (In Full) Pfizer PAC				
Full Name, Mailing Address, and ZIP Code Pfizer PAC - NY 235 East 42nd St New York NY 10017	Purpose of Disbursement Transfer to Affiliated PAC Transfer to Affiliated PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :	Date (month, day, year) 04/25/2000	Amount of Each Disbursement This Period 7100.00	
Full Name, Mailing Address, and ZIP Code Pfizer PAC - State 235 East 42nd St New York NY 10017	Purpose of Disbursement Transfer to Affiliated PAC Transfer to Affiliated PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) :	Date (month, day, year) 04/25/2000	Amount of Each Disbursement This Period 45600.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				52700.00