

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

1. NAME OF COMMITTEE (in full) AAN NURSERY INDUSTRY POLITICAL ACTION COMMITTEE	RECEIVED FEC MAIL ROOM OCT 17 A 3:32
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1250 I ST, NW SUITE 500	2. FEC IDENTIFICATION NUMBER C0002298
CITY, STATE and ZIP CODE WASHINGTON, DC 20005	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

USE FEC MAILING LABEL OR TYPE OR PRINT

A. 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 type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- 12-Day Pre-Election Report for the _____ (Type or 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 <u>7/1/2000</u> through <u>9/30/00</u>		
6. (a) Cash on Hand January 1, 19 <u>00</u>		\$16,717.00
(b) Cash on Hand at Beginning of Reporting Period	\$16,577.32	
(c) Total Receipts (from Line 19)	\$19,423.32	\$103,033.62
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$36,000.64	\$119,750.62
7. Total Disbursements (from Line 30)	\$35,660.86	\$119,410.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$339.78	\$339.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 988 E Street, NW Washington, DC 20463 Tel Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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 ANTHONY R. BEDELL	Date 10-13-00
Signature of Treasurer 	

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

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

[revised 1/1/91]

NAME OF COMMITTEE AAN-NURSERY INDUSTRY POLITICAL ACTION CMITTEE		REPORT COVERING PERIOD		
		FROM 7/1/00	TO: 9/30/00	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				11(a)(i)
i. Itemized (use Schedule A)		15,100.00	93,500.00	11(a)(i)
ii. Unitemized		4,280.00	9,405.00	11(a)(ii)
iii. Total (add i and ii) >		19,380.00	102,905.00	11(b)
b. Political Party Committees		0	0	11(c)
c. Other Political Committees (such as PACs)		0	0	11(d)
d. Total Contributions (add a ii, b and c) >		19,380.00	102,905.00	12
12. Transfers From Affiliated/Other Party Committees		0	0	13
13. All Loans Received		0	0	14
14. Loan Repayments Received		0	0	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0	0	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		43.32	128.62	17
17. Other Federal Receipts (Dividends, Interest, etc.)		0	0	18
18. Transfers from Nonfederal Account for Joint Activity		19,423.32	103,033.62	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		19,423.32	103,033.62	20
20. Total Federal Receipts (subtract line 18 from line 19) >		19,423.32	103,033.62	
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)		0	0	21(a)(i)
i. Federal Share		0	0	21(a)(ii)
ii. Non-Federal Share		0	0	21(b)
b. Other Federal Operating Expenditures		0	0	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >		0	0	22
22. Transfers to Affiliated/Other Party Committees		0	0	23
23. Contributions to Federal Candidates/Committees and Other Political Committees		35,660.86	115,903.35	24
24. Independent Expenditures (use Schedule E)		0	0	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)		0	0	26
26. Loan Repayments Made		0	0	27
27. Loans Made		0	0	
28. Refunds of Contributions To:				
a. Individual/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	3507.49	28(d)
29. Other Disbursements		35,660.86	119,410.84	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		35,660.86	119,410.84	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		35,660.86	119,410.84	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11c)		19,380.00	102,905.00	32
33. Total Contribution Refunds (from line 28d)		0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)		19,380.00	102,905.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0	0	35
36. Offsets to Operating Expenditures (from line 15)		0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >		0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4

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)
AAI Nursery Industry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DALE BACHMAN 6701 BEACH RD EDEN PRAIRIE, MN 55344	BACHMAN'S INC.	9-15-00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERV MAN Aggregate Year-to-Date > \$ 1000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAWRENCE BACHMAN 5915 COLFAX AVE, SOUTH MINNEAPOLIS, MN 55419-2103	BACHMAN'S INC.	8-24-00	\$ 350
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERV MAN Aggregate Year-to-Date > \$ 350		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHY BATSON 10 WIRE RD, WEST PERKINSTON, MS 39573	GREEN FOREST NURSERY INC	8-21-00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERV WOMAN 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
WANDA CHASE 3182 DENA LYNN AVE BATON ROUGE, LA	MAHARA'S LANDSCAPE CO.	8-17-00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERV WOMAN 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
ANDREW COUTREAU 234 NEWBURY ST. PEABODY, MA 01960	NORTHEAST NURSERY INC	8-22-00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERV MAN Aggregate Year-to-Date > \$ 1000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOM DEMALINE PO BOX 299 AVON, OH 44011	WILLOWAY NURSERIES	9-13-00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERV MAN Aggregate Year-to-Date > \$ 3000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANE EDWARDS 12037 MOOREVILLE RD. DAVIDSON, NC 28036	TURTLE CREEK NURSERY	8-18-00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERV WOMAN Aggregate Year-to-Date > \$ 750		

SUBTOTAL of Receipts This Page (optional)

\$ 3350

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 **4**
FOR LINE NUMBER **11a1**

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NAME OF COMMITTEE (In Full)

AAN Nursery Industry Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAURIE FISHER PO BOX 339 GRANSON, GA 30017	ARTHUR A JONES & ASSOCIATES	9.14.00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYWOMAN Aggregate Year-to-Date > \$ 1000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY GAINOUS 1104 NURSERY LANE CALRO, GA 31728	GAINOUS' SHADE TREES INC	8.17.00	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN 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
ALFRED HICKS 30 CONCORD ST WESTBURY, NY 11590	HICKS NURSERIES INC	8.19.00	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN 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
PLATT HILL 1335 PERSIMMON DR. ST. CHARLES, IL 60174	PLATT HILL NURSERY INC.	8.16.00	\$ 1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$ 1200		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOUIS HILLENMEYER 466 WOODLAKE WAY LEXINGTON, KY 40502	LOUIS' FLOWER POWER SHOPS	9.4.00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN 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
DAVID JOHNSON 739 GAILLARD RD MONCK'S CORNER, SC 29461	CAROLINA NURSERIES INC	9.29.00	\$ 2500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$ 2500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FOUNT MAY 178 MAY NURSERY RD HAVANA, FL 32333	MAY NURSERY	8.22.00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$ 100		

SUBTOTAL of Receipts This Page (optional)

\$ 5500

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 4
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full) **AAN - Nursery Industry Political Action Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IVAN OLINSKY PO BOX 185 ALLENTOWN, NJ 08601	PRINCETON NURSERIES	8-18-00	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$ 250		
PETER ORUM PO BOX 748 ST. CHARLES, IL 60174	MIDWEST GROUNDCOVERS	9-27-00	\$1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$ 4500		
SHIRLEY PECKOSH 1400 VOGT RD ROBINS, IA 52328	PECK'S GREEN THUMB	8-11-00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYWOMAN Aggregate Year-to-Date > \$ 500		
ROGER RASMUSSEN 15165 S.W. FINIS LN TIGARD, OR 97224	MONROVIA NURSERY CO	7-27-00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$ 500		
ROBIN RINACA PO BOX 69 KELLER, VA 23401	EAST SHORE NURSERY OF VA	6-14-00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$ 1000		
WAYNE K SAWYER 3613 BRIDGE RD SUFFOLK, VA 23435	BENNETTS CREEK NURSERY	7-5-00	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$ 500		
FRED SHADOW 145 TENNESSEE VALLEY DR. WINCHESTER, TN 37398	TENNESSEE VALLEY NURSERY	9-1-00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)

\$ 3500

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

AAAN NURSERY INDUSTRY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFF SIEBENTHALER 3001 CATALPA DR DAYTON, OH 45405	SIEBENTHALER CO.	8-21-00	\$250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$ 750		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM STUDEBAKER 2500 HILLSHORE DR WESTPORT, CA 95488	STUDEBAKER NURSERIES INC.	8-29-00	\$750
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$ 1500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOUG TORN 7601 US 29N BROWN SUMMIT, NC 27214	BUDS N BLOOMS NURSERY	8-20-00	\$250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EUGENIA TOSOVSKY PO BOX 367 EDWARDSVILLE, IL 62025	HOME NURSERY INC.	8-22-00	\$1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SYLVIA VAN SLOAN SLOUCH PINE LN BOX 116 WESTPORT POIN, MA 02211	SYLVAN NURSERY	8-6-00	\$500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: NURSERYMAN Aggregate Year-to-Date > \$ 1000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$2750

TOTAL This Period (last page this line number only)

\$15100

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 6
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

AAN NURSERY INDUSTRY POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
LOBIONDO FOR CONGRESS PO BOX 2776 ARLINGTON, VA 22202	FRANK LOBIONDO (NJ-02) HOUSE	7-17-00	\$ 1000
DEBORAH PRYCE FOR CONGRESS 145 EAST RICH ST COLUMBUS, OH 43215	DEBORAH PRYCE (OH-15) HOUSE	7-18-00	\$ 1000
DON MANZULLO FOR CONGRESS 4921 EAST STATE ST ROCKFORD, IL 61108	DONALD MANZULLO (IL-16) HOUSE	7-19-00	\$ 500
LARRY CRAIG FOR SENATE 1510 WOODBINE ST. ALEXANDRIA, VA 22302	LARRY CRAIG (R-10) SENATE	7-20-00	\$ 2,000
MIKE FERGUSON FOR CONGRESS PO BOX 2776 ARLINGTON, VA 22202	MIKE FERGUSON (NS-07) HOUSE	7-25-00	\$ 1,000
ALLEN BOYD FOR CONGRESS 227 MASSACHUSETTS AVE, NE SUITE 101 WASHINGTON, DC 20002	ALLEN BOYD (FL-02) HOUSE	7-26-00	\$ 500
ERIC CANTOR FOR CONGRESS PO BOX 28537 RICHMOND, VA 23228	ERIC CANTOR (VA-07) HOUSE	7-26-00	\$ 1000
WASHINGTON FUND PAC 4422 133RD SW MUKILTEO, WA 98275	JENNIFER DUNN PAC (WA-03) HOUSE	7-26-00	\$ 500
AMERICAN DREAM PAC PO BOX 5331 HERNDON, VA 20172	HENRY BONILLA PAC (TX-23) HOUSE	7-25-00	\$ 500

SUBTOTAL of Disbursements This Page (optional)

\$ 8,000

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 2 OF 6
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)			
AAN NURSERY INDUSTRY PAC			
A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMERICAN RENEWAL PAC PO BOX 20210 ALEXANDRIA, VA 22302	JC WATTS (OK-04) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-25-00	\$ 500
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOND FOR CONGRESS PO BOX 2776 ARLINGTON, VA 22202	MARY BOND (CA-44) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-00	\$ 500
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF JIM SAXTON PO BOX 795 MT. HOLLY, NJ 08060	JIM SAXTON (NJ-03) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-00	\$ 500
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GARY MILLER FOR CONGRESS 721 S BREA CANYON RD#7 DIAMOND BAR, CA 91789	GARY MILLER (CA-41) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-00	\$ 500
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHRIS CANNON FOR CONGRESS PO BOX 711 PROVO, UT 84603	CHRIS CANNON (UT-03) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-27-00	\$ 1000
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RON LEWIS FOR CONGRESS PO BOX 307 ELIZABETHTOWN, KY 42702	RON LEWIS (KY-02) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-27-00	\$ 500
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOANN DAVIS FOR CONGRESS 1213 E GEORGE WASHINGTON HWY YORKTOWN, VA 23693	JOANN DAVIS (VA-01) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-26-00	\$ 500
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BILL SUBLETTE FOR US CONGRESS PO BOX 2776 ARLINGTON, VA 22202	BILL SUBLETTE (FL-08) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-00	\$ 500
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COMMITTEE TO ELECT ADAM PUTNAM 1016 E. GEORGE ST. BARTOW, FL 33830	ADAM PUTNAM (FL-12) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-31-00	\$ 500
SUBTOTAL of Disbursements This Page (optional)			\$ 5,000
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 6
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

AAN NURSERY INDUSTRY PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CONGRESSIONAL ATHLETIC ASSOC. LONGWORTH HOUSE PO BOX 007 WASHINGTON, DC 20615	CHARITABLE CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8-16-00	\$ 55.00
B. Full Name, Mailing Address and ZIP Code AMERICAN NURSERY & LANDSCAPE ASSOCIATION 1250 EVE ST, NW SUITE 500 WASHINGTON, DC 20005	PAC REIMBURSEMENT EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8-17-00	\$ 2154.19
C. Full Name, Mailing Address and ZIP Code AMERICAN EXPRESS PO BOX 53582 3582 PHOENIX, AZ 85072-3582	LUNCHEON (PAC) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8-17-00	\$ 201.67
D. Full Name, Mailing Address and ZIP Code FRIENDS OF ROGER WICKER PO BOX 874 TUPELO, MS 38802	ROGER WICKER (MS-01) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-6-00	\$ 1000
E. Full Name, Mailing Address and ZIP Code CONDIT FOR CONGRESS 44 CANAL CENTER PLAZA SUITE 400 ALEXANDRIA, VA 22314	GARY CONBIT (CA-18) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-12-00	\$ 1000
F. Full Name, Mailing Address and ZIP Code PORTER GOSS REELECTION TEAM PO BOX 517 FT. MYERS, FL 33902	PORTER GOSS (FL-14) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-12-00	\$ 500
G. Full Name, Mailing Address and ZIP Code SHELBY FOR US SENATE PO BOX 1091 TUSCALOOSA, AL 35403	RICHARD SHELBY (R-AR) SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-13-00	\$ 1000
H. Full Name, Mailing Address and ZIP Code LATOURETTE FOR CONGRESS CMTTEE 4451 BROOKFIELD CORPORATE DR SUITE 200 CHANTILLY, VA 20151	STEVEN LATOURETTE (OH-19) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-13-00	\$ 500
I. Full Name, Mailing Address and ZIP Code JENNIFER CARROLL FOR CONGRESS 217 UNIVERSITY BLVD, S BOX 30322 JACKSONVILLE, FL 32230	JENNIFER CARROLL (FL-03) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-13-00	\$ 500

SUBTOTAL of Disbursements This Page (optional)

\$ 6,910.86

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 6
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

AAN NURSERY INDUSTRY PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GENE TAYLOR FOR US CONGRESS COMMITTEE PO BOX 38 BAY ST. LOUIS, MS 39520-0038	GENE TAYLOR (MS-05) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.13.00	\$ 500
KIRK FOR CONGRESS PO BOX 2776 ARLINGTON, VA 22202	MARK KIRK (IL-10) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.13.00	\$ 500
JIM WALSH FOR CONGRESS PO BOX 1974 SYRACUSE, NY 13201	JIM WALSH (NY-25) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.13.00	\$ 500
GEORGE ALLEN HOE DOWN CMTE 1329 E. CARY ST. SUITE 201 RICHMOND, VA 23219	GEORGE ALLEN (R-VA) SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.14.00	\$1000
ANNE NORTHUP FOR CONGRESS PO BOX 7313 LOUISVILLE, KY 40257	ANNE NORTHUP (KY-03) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.19.00	\$ 1000
BUD CRAMER FOR CONGRESS PO BOX 2621 HUNTSVILLE, AL 35804	BUD CRAMER (AL-05) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.19.00	\$ 1000
WALDEN FOR CONGRESS PO BOX 2159 ARLINGTON, VA 22202	GREG WALDEN (OR-02) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.20.00	\$ 500
BILL MCCOLLUM FOR US SENATE 1212 NEW YORK AVE, NW #350 WASHINGTON, DC 20005	BILL MCCOLLUM (R-FL) SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.19.00	\$ 1000
GEORGE RADANOVICH FOR CONGRESS 4451 BROOKFIELD CORPORATE DR #200 CHANTILLY, VA 20151	GEORGE RADANOVICH (CA-19) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.19.00	\$ 1000

SUBTOTAL of Disbursements This Page (optional)

\$ 7,000

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 5 OF 6
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

AAN NURSERY INDUSTRY PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
QUINN FOR CONGRESS PO BOX 2012 BUFFALO, NY 14219	JACK QUINN (NY-30) HOUSE	9.20.00	\$500
JOHNSON FOR CONGRESS PO BOX 5190 BAYSHORE, NY 11706	JOAN JOHNSON (NY-02) HOUSE	9.20.00	\$500
LARRY CRAIG FOR US SENATE 1510 WOODBINE ST. ALEXANDRIA, VA 22302	LARRY CRAIG (R-10) SENATE	9.21.00	\$1000
FRIENDS OF JON KYL 507 CAPITOL CT, NE #100 WASHINGTON, DC 20002	JON KYL (R-AZ) SENATE	9.25.00	\$500
BISHOP FOR CONGRESS 436 NEW JERSEY AVE, SE WASHINGTON, DC 20003	SANFORD BISHOP (GA-02) HOUSE	9.26.00	\$1500
PAT TIBIERI FOR CONGRESS 2021 E DUBLIN GRANVILLE RD SUITE 2000 COLUMBUS, OH 43229	PAT TIBIERI (OH-12) HOUSE	9.26.00	\$1000
FRIENDS OF RAY LAHOOD 3311 N. STERLING, SUITE 10 PEORIA, IL 61604	RAY LAHOOD (IL-18) HOUSE	9.26.00	\$500
THURMAN FOR CONGRESS PO BOX 5058 MORNINGSTAR, FL 34450	KAREN THURMAN (FL-05) HOUSE	9.26.00	\$250
DICK ZIMMER FOR CONGRESS PO BOX 688 LAWRENCEVILLE, NJ 07048	DICK ZIMMER (NJ-12) HOUSE	9.26.00	\$500

SUBTOTAL of Disbursements This Page (optional)

\$6,250

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 6

FOR LINE NUMBER 33

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NAME OF COMMITTEE (In Full)

AAN NURSERY INDUSTRY PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TODD AKIN FOR CONGRESS PO BOX 31222 ST. LOUIS, MO 63131-1222	TODD AKIN (MO-02) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.28.00	\$ 500
ROBERT WEXLER FOR CONGRESS COMMITTEE 2600 N. MILITARY TRAIL #288 BOCA RATON, FL 33431	ROBERT WEXLER (FL-19) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.28.00	\$ 1000
TANCREDO FOR CONGRESS PO BOX 3756 LITTLETON, CO 80161	THOMAS TANCREDO (CO-06) HOUSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9.28.00	\$ 1000
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$2,500

TOTAL This Period (last page this line number only)

\$35,660.86

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 10.14.00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
J.G. PREPARER	10.17.00 DATE PREPARED