

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER JUN 14 P 2:42 Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: if typing, type over the lines. AMERICAN BENEFITS COUNCIL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1212 New York Ave NW #1125 DC 20005-3987

2. FEC IDENTIFICATION NUMBER 000153171 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 01/01/2003 through 06/30/2003

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 James A. Klein

Signature of Treasurer [Signature] Date 07/10/2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form SX (Revised 1/01)

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period:

From:

01 01 2003

To:

06 30 2003

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (e) Cash on Hand
January 1, 2,000.3

23,830.17

(b) Cash on Hand at
Beginning of Reporting Period

2,300.00

(c) Total Receipts (from Line 10)

7,002.20

7,200.00

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

3,902.20

3,000.00

7. Total Disbursements (from Line 9)

1,000.00

1,000.00

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

2,902.20

2,000.00

9. Debts and Obligations Owed TO
the Committee (itemize all on
Schedule C and/or Schedule D)

0.00

10. Debts and Obligations Owed BY
the Committee (itemize all on
Schedule C and/or Schedule D)

0.00

This committee has qualified as a multicandidate committee. (see FEC FORM 100)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 2X (Revised 1/01)

Page 3

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period:

From:

01 01 2003

To:

06 30 2003

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 (ii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	[Empty Box] [Empty Box] [Empty Box] 7,000,000	[Empty Box] [Empty Box] [Empty Box] 7,000,000
(b) Political Party Committees	[Empty Box]	[Empty Box]
(c) Other Political Committees (such as PACs)	[Empty Box]	[Empty Box]
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶	7,000,000	7,000,000
12. Transfers From Affiliated/Other Party Committees	[Empty Box]	[Empty Box]
13. All Loans Received	[Empty Box]	[Empty Box]
14. Loan Repayments Received	[Empty Box]	[Empty Box]
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 38, page 4)	[Empty Box]	[Empty Box]
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	[Empty Box]	[Empty Box]
17. Other Federal Receipts (Dividends, Interest, etc.)	72,004	72,004
18. Transfers from Nonfederal Account for Joint Activity	[Empty Box]	[Empty Box]
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	7,072,004	7,072,004
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	7,072,004	7,072,004

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures			
(a) 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			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)			
26. Loan 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)) ▶			
29. Other Disbursements			
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶			
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) ▶			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from Line 11(d), page 3)			
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(c)(i) and Line 21(b)) ▶			
36. Offsets to Operating Expenditures (from Line 15, page 8)			
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶			

11/15/01 11:00 AM

**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 1 OF 1	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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)
American Benefits Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
PrineFAC

Date of Receipt
01 / 30 / 2003

Mailing Address
711 High Street

City
Des Moines, IA 50392

FEC ID number of contributing federal political committee.
C00128918

Amount of Each Receipt this Period
200.00

Name of Employer
Occupation

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

B. Full Name (Last, First, Middle Initial)
MetLife, Inc. Employees Political Participation Fund

Date of Receipt
04 / 16 / 2003

Mailing Address
One Madison Avenue

City
New York, NY 10010

FEC ID number of contributing federal political committee.
C00040923

Amount of Each Receipt this Period
500.00

Name of Employer
Occupation

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

C. Full Name (Last, First, Middle Initial)

Date of Receipt

Mailing Address

City
State Zip Code

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

Name of Employer
Occupation

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

SUBTOTAL of Receipts This Page (optional) **700.00**

TOTAL This Period (last page Use line number only) **700.00**

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 1 OF 1	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16 17

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NAME OF COMMITTEE (In Full)
American Benefits Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
First: Union National Bank (interest)

Mailing Address
P.O. Box 13327

City: Roanoke State: VA Zip Code: 24040-7314

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
06/30/2003

Amount of Each Receipt This Period
720.4

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)	720.4
TOTAL This Period (last page this line number only)	720.4

2025 RELEASE UNDER E.O. 14176

**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 1 OF 5
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25	
	<input type="checkbox"/> 26 <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)
American Benefits Council Political Action Committee

A. Poweroy for Congress

Full Name (Last, First, Middle Initial)
Poweroy for Congress

Date of Disbursement
01 / 08 / 2003

Mailing Address
P.O. Box 746

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
011
Category/Type

Amount of Each Disbursement this Period
500.00

Candidate Name
Earl Poweroy

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

State: ND District: at large

B. Poweroy for Congress

Full Name (Last, First, Middle Initial)
Poweroy for Congress

Date of Disbursement
02 / 06 / 2003

Mailing Address
P.O. Box 746

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
011
Category/Type

Amount of Each Disbursement this Period
502.00

Candidate Name
Earl Poweroy

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

State: ND District: at large

C. Poweroy for Congress

Full Name (Last, First, Middle Initial)
Poweroy for Congress

Date of Disbursement
02 / 27 / 2003

Mailing Address
P.O. Box 746

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
011
Category/Type

Amount of Each Disbursement this Period
74.51

Candidate Name
Earl Poweroy

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

State: ND District: at large

SUBTOTAL of Disbursements This Page (optional)	1076.51
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 2 OF 5	
<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	
<input type="checkbox"/> 26	<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)
American Benefits Council Political Action Committee

A. The Grassley Committee

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 02 / 27 / 2003

Mailing Address: P.O. Box 1000

City: Des Moines State: IA Zip Code: 50304

Purpose of Disbursement: _____

Amount of Each Disbursement this Period: 2 000 00

Candidate Name: Charles Grassley

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: IA District: _____

Category/Type: 0111

B. Poteroy for Congress

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 03 / 20 / 2003

Mailing Address: P.O. Box 746

City: Bismarck State: ND Zip Code: 58502

Purpose of Disbursement: In-kind contribution

Amount of Each Disbursement this Period: 2 21 70

Candidate Name: Earl Poteroy

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: ND District: at large

Category/Type: 1111

C. Demint for Congress Committee

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: 03 / 25 / 2003

Mailing Address: P.O. Box 10407

City: Greenville State: SC Zip Code: 29603

Purpose of Disbursement: _____

Amount of Each Disbursement this Period: 500 00

Candidate Name: Tim Demint

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: SC District: 4

Category/Type: 0111

SUBTOTAL of Disbursements This Page (optional) 2,721.70

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)

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

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NAME OF COMMITTEE (in Full)

American Benefits Council Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nancy Johnson for Congress Committee

Date of Disbursement

03/26/2003

Mailing Address

P.O. Box 1986

City

New Britain

State

CT

Zip Code

06050

Purpose of Disbursement

011
Category/Type

Amount of Each Disbursement this Period

100.00

Candidate Name

Nancy Johnson

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: CT

District: 5

Full Name (Last, First, Middle Initial)

B. Friends of John Boehner

Date of Disbursement

04/08/2003

Mailing Address

7908 Cincinnati-Dayton Road

City

West Chester

State

OH

Zip Code

45069

Purpose of Disbursement

011
Category/Type

Amount of Each Disbursement this Period

200.00

Candidate Name

John Boehner

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: OH

District: 8

Full Name (Last, First, Middle Initial)

C. Citizens for Banning

Date of Disbursement

04/29/2003

Mailing Address

1717 Dixie Highway, Suite 180

City

St. Wright

State

KY

Zip Code

41011

Purpose of Disbursement

011
Category/Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Jim Banning

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: KY

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1000.00

**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 4 OF 5
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <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)
American Benefits Council Political Action Committee

A. Friends of Blanche Lincoln

Full Name (Last, First, Middle Initial) _____

Mailing Address
P.O. Box 3197

City **Little Rock** State **AR** Zip Code **72203**

Purpose of Disbursement 0 1 2
Category/Type

Candidate Name
Blanche Lincoln

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

State: **AR** District: _____

Date of Disbursement: **04 30 2003**

Amount of Each Disbursement this Period: **500.00**

B. Pryce for Congress

Full Name (Last, First, Middle Initial) _____

Mailing Address
145 E. Rich Street

City **Columbus** State **OH** Zip Code **43215**

Purpose of Disbursement 0 1 2
Category/Type

Candidate Name
Deborah Pryce

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

State: **OH** District: _____

Date of Disbursement: **05 12 2003**

Amount of Each Disbursement this Period: **500.00**

C. Judd Gregg Committee

Full Name (Last, First, Middle Initial) _____

Mailing Address
P.O. Box 1812

City **Concord** State **NH** Zip Code **03302**

Purpose of Disbursement 0 1 2
Category/Type

Candidate Name
Judd Gregg

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

State: **NH** District: _____

Date of Disbursement: **05 20 2003**

Amount of Each Disbursement this Period: **1,000.00**

SUBTOTAL of Disbursements This Page (optional) **2,000.00**

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 25	<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)

American Benefits Council Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Roy Blunt

Date of Disbursement

05 / 20 / 2003

Mailing Address

P.O. Box 50100

City

Springfield

State

MO

Zip Code

65805

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

011
Category/
Type

Candidate Name

Roy Blunt

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: MO

District: 7

Full Name (Last, First, Middle Initial)

B. Castle Campaign Fund

Date of Disbursement

05 / 22 / 2003

Mailing Address

P.O. Box 133

City

Wilmington

State

DE

Zip Code

19899

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

011
Category/
Type

Candidate Name

Michael Castle

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: DE

District: large

Full Name (Last, First, Middle Initial)

C. Georgians for Isakson

Date of Disbursement

06 / 27 / 2003

Mailing Address

6000 Lake Forest Drive #102

City

State

Zip Code

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/
Type

Candidate Name

Johnny Isakson

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: GA

District: 6

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line reenter only)

11798.21

**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 1 OF 1
	<input type="checkbox"/> 21a <input type="checkbox"/> 28	<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 checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
American Benefits Council Political Action Committee

Full Name (Last, First, Middle Initial) A.		Date of Disbursement
First Union National Bank (service charges)		05 / 30 / 2003
Mailing Address P.O. Box 13327		Amount of Each Disbursement this Period 2000
City Roanoke	State Zip Code VA 24040-7314	
Purpose of Disbursement service charges		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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B.		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: _____	


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: _____	

SUBTOTAL of Disbursements This Page (optional)	2000
TOTAL This Period (last page this line number only)	2000

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 7/14/03
<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	
 PREPARER	7/14/03 DATE PREPARED

20030714 11:03 AM