

2000 JUL 17 A 9:48

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

<p>1. NAME OF COMMITTEE (in full) TRANSAMERICA CORP. POLITICAL ACTION COMMITTEE</p> <p>ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 600 MONTGOMERY STREET</p> <p>CITY, STATE and ZIP CODE SAN FRANCISCO, CA 94111</p>	<p>2. FEC IDENTIFICATION NUMBER C00122614</p> <p>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</p>
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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:

February 20

June 20

October 20

March 20

July 20

November 20

April 20

August 20

December 20

May 20

September 20

January 31

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election Report following the General Election

on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>06/01/2000</u> through <u>06/30/2000</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 18391.63
(b) Cash on Hand at Beginning of Reporting Period	\$ 17506.53	
(c) Total Receipts (from Line 19)	\$ 1194.01	\$ 9517.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 18700.54	\$ 27908.94
7. Total Disbursements (from Line 30)	\$ 6000.74	\$ 15209.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12699.80	\$ 12699.80
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 999 E Street, NW Washington, DC 20488 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 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	James R. Sutton, Assistant Treasurer	
Signature of Treasurer	Date <u>07/9 /2000</u>	

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE TRANSAMERICA CORP. POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD		
		FROM 06/01/2000	TO: 06/30/2000	
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
	i. Itemized (use Schedule A)	00.00	180.00	11(a)(i)
	ii. Unitemized	1063.00	894.00	11(a)(ii)
	iii. Total (add i and ii) >	1143.00	9094.00	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 (add a ii, b and c) =	1143.00	9094.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	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	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	51.01	423.32	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1194.01	9517.32	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	1194.01	9517.32	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal (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	0.74	209.14	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.74	209.14	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	6000.00	15000.00	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 Schedule 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 Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	0.00	0.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6000.74	15209.14	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	6000.74	15209.14	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	1143.00	9094.00	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	1143.00	9094.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.74	209.14	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.74	209.14	37

SCHEDULE A

ITEMIZED RECEIPTS

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)

TRANSAMERICA CORP. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM D. ADAMS 164 WINDTREE AVENUE THEOBARD CREEK, CA 91320-	TRANSAMERICA OCCIDENTAL LIFE	06/27/2000	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation CORPORATE TAX Aggregate Year-to-Date \$ 350.00		
B. Full Name, Mailing Address and ZIP Code JAMES W. DEEBER 4304 EXULTANT PALOS VERDES, CA 90274-	TRANSAMERICA INSURANCE CO.	06/27/2000	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation CORPORATE OFFICER Aggregate Year-to-Date \$ 210.00		
C. 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 \$		
D. 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 \$		
E. 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 \$		
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 \$		
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 \$		
SUBTOTAL of Receipts This Page (optional)			80.00
TOTAL This Period (last page this line number only)			80.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

TRANSAMERICA CORP. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN HANCOCK FUND 101 HUNTINGTON AVE., 5TH FLOOR BOSTON, MA 02199 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	INTEREST EARNED Occupation Aggregate Year-to-Date \$ 423.32	06/29/2000	\$51.01
B. 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 \$		
C. 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 \$		
D. 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 \$		
E. 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 \$		
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 \$		
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 \$		
SUBTOTAL of Receipts This Page (optional)			51.01
TOTAL This Period (last page this line number only)			51.01

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

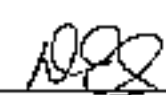
TRANSAMERICA CORP. POLITICAL ACTION COMMITTEE

A. Full name, Mailing Address and ZIP code	Purpose of Disbursement CHRISTOPHER COX MEMBER OF CONGRESS; STATE: CA; DIST. 45	Date (month, day, year)	Amount of Each Disbursement This Period
CHRISTOPHER COX FOR CONGRESS COMMITTEE POST OFFICE BOX 80880 NEWPORT BEACH, CA 92658	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/2000	\$1,000.00
B. Full name, Mailing Address and ZIP code DODD COE FOR CONGRESS POST OFFICE BOX 41649 SACRAMENTO, CA 94841	Purpose of Disbursement DODD COE MEMBER OF CONGRESS; STATE: CA; DIST. 3	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/2000	\$1,000.00
C. Full name, Mailing Address and ZIP code ED ROYCE FOR CONGRESS POST OFFICE BOX 6765 FULLERTON, CA 92634	Purpose of Disbursement ED ROYCE MEMBER OF CONGRESS; STATE: CA; DIST. 39	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/2000	\$1,000.00
D. Full name, Mailing Address and ZIP code GALLEGLY FOR CONGRESS POST OFFICE BOX 94001 SUN VALLEY, CA 93094	Purpose of Disbursement ELTON GALLEGLY MEMBER OF CONGRESS; STATE: CA; DIST. 23	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/2000	\$1,000.00
E. Full name, Mailing Address and ZIP code WALTER WILLIAM HERBER POST OFFICE BOX 1500 Challenge, CA 94925	Purpose of Disbursement WALTER HERBER MEMBER OF CONGRESS; STATE: CA; DIST. 2	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/2000	\$1,000.00
F. Full name, Mailing Address and ZIP code LEWIS FOR CONGRESS CMTE POST OFFICE BOX 247 Redlands, CA 92373	Purpose of Disbursement JESRY LEMIE MEMBER OF CONGRESS; STATE: CA; DIST. 49	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/2000	\$1,000.00
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			6000.00
TOTAL This Period (last page this line number only)			6000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>7-17-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
  PREPARER	 <i>7-17-00</i> DATE PREPARED