

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 25 A 9 51

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Committee for a Livable Future		2. FEC IDENTIFICATION NUMBER C00323352
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported c/o 921 SW Washington St. #470		
CITY, STATE and ZIP CODE Portland, OR 97205		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate 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:

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 General
(Type of Election)
election on 11/7/00 in the State of OR

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	COLUMN B
5. Covering Period <u>10/1/00</u> through <u>10/18/00</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19____		\$ 52,336.81
(b)	Cash on Hand at Beginning of Reporting Period	\$ 4,800.56	
(c)	Total Receipts (from Line 19)	\$ 23,353.00	\$ 116,880.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 28,163.56	\$ 169,216.81
7.	Total Disbursements (from Line 30)	\$ 16,270.68	\$ 157,324.13
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,892.68	\$ 11,392.68
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Tel 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)	\$	

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 Margaret Kirkpatrick

Signature of Treasurer

Margaret Kirkpatrick

Date

10/23/00

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 9/99)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO:	
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)	13,700.00	69,900.00	11(b)(1)
ii. Unitemized	3,663.00	11,130.00	11(b)(2)
iii. Total (add i and ii) >	17,363.00	81,030.00	11(b)(3)
b. Political Party Committees			11(b)(4)
c. Other Political Committees (such as PACs)	6,000.00	34,850.00	11(b)(5)
d. Total Contributions (add a iii, b and c) >	23,363.00	115,880.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		1,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	23,363.00	115,880.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	23,363.00	115,880.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(1)
ii. Non-Federal Share			21(a)(2)
b. Other Federal Operating Expenditures	6,270.88	42,823.13	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	6,270.88	42,823.13	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,000.00	114,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	16,270.88	157,324.13	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	16,270.88	157,324.13	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	23,363.00	115,880.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	23,363.00	115,880.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	6,270.88	42,824.13	35
36. Offsets to Operating Expenditures (from line 15)			36
	6,270.88	42,824.13	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

FOR LINE NUMBER 11a(i)

Individuals/Persons Other Than Political Committees

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)

Committee for a Livable Future

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roderic P. Krzywicki 3404 42nd Ave. West Seattle, WA 98199	Teligent	10/9/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice president, sales		
	Aggregate Year-to-date > \$	\$400.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian T. O'Conner 9921 La Duke Dr. Kensington, MD 20895	VoiceStream	10/9/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Legislative & regulatory affairs		
	Aggregate Year-to-date > \$	\$250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pamela J. Garvie 202 N Columbus St. Alexandria, VA 22314	Preston & Gates	10/9/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-date > \$	\$250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Peyer, Jr. 11000 Dobbins Dr. Potomac, MD 20854	Peyser & Associates	10/9/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist		
	Aggregate Year-to-date > \$	\$500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Powell 6115 SE Salmon St. Portland, OR 97215	Powell's Books	10/9/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Bookseller		
	Aggregate Year-to-date > \$	\$1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph W. Angel II 356 SW Kingston Portland, OR 97201	Pacific Star Corp.	10/9/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-date > \$	\$5,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Regina Davis 7533 SW Corbett Ave Portland, OR 97219	Davis & Hibbitts, Inc.	10/4/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Marketing administrative assistant		
	Aggregate Year-to-date > \$	\$350.00	

Subtotal of Receipts this Page (optional)..... \$7,200.00

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 1 OF 2

FOR LINE NUMBER 1(a)(i)

Individuals/Persons Other Than Political Committees

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NAME OF COMMITTEE (In Full)

Committee for a Livable Future

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Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice president, sales	Aggregate Year-to-date > \$	\$400.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian T. O'Conner 9921 La Duke Dr. Kensington, MD 20895	VoiceStream	10/9/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Legislative & regulatory affairs	Aggregate Year-to-date > \$	\$250.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pamela J. Garvie 202 N Columbus St. Alexandria, VA 22314	Preston & Gates	10/9/00	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-date > \$	\$250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter Peyser, Jr. 11000 Dobbins Dr. Potomac, MD 20854	Peyser & Associates	10/9/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist	Aggregate Year-to-date > \$	\$500.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Powell 6115 SE Salmon St. Portland, OR 97215	Powell's Books	10/9/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Bookseller	Aggregate Year-to-date > \$	\$1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph W. Angel II 356 SW Kingston Portland, OR 97201	Pacific Star Corp.	10/9/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-date > \$	\$5,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Regina Davis 7533 SW Corbett Ave Portland, OR 97219	Davis & Hibbitts, Inc.	10/4/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Marketing administrative assistant	Aggregate Year-to-date > \$	\$350.00

\$7,200.00

Subtotal of Receipts this Page (optional)

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

Individuals/Persons Other Than Political Committees

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NAME OF COMMITTEE (in Full)

Committee for a Livable Future

A. Full Name, Mailing Address and Zip Code Philip H. Knight One Bowerman Rd. Beaverton, OR 97005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Nike, Inc. Occupation Chief Executive Officer Aggregate Year-to-date > \$	Date (month, day, year) 10/10/00 \$5,000.00	Amount of Each Receipt this Period \$5,000.00
B. Full Name, Mailing Address and Zip Code John W. Schumann 3025 NE 34th Ave. Portland, OR 97212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LIK Engineering Services Occupation Transportation consultant Aggregate Year-to-date > \$	Date (month, day, year) 10/18/00 \$500.00	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and Zip Code William W. Miller 106 Dulany Pl. Falls Church, VA 22046 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Amer. Public Transp. Alliance Occupation President Aggregate Year-to-date > \$	Date (month, day, year) 10/4/00 \$1,000.00	Amount of Each Receipt this Period \$1,000.00
D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Subtotal of Receipts this Page (optional)			\$6,500.00
Total This Period (last page this line number only)			\$13,700.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11d

The Candidate

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NAME OF COMMITTEE (in Full)

Committee for a Livable Future

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DeFazio for Congress 555 Capitol Mall #1425 Sacramento, CA 95814		10/9/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-date > \$	\$1,000.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Food/Comm'l Workers 1775 K Street NW Washington, DC 20006-1598		10/4/00	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-date > \$	\$5,000.00
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 > \$	
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 > \$	

\$6,000.00

Subtotal of Receipts this Page (optional)

Total This Period (last page this line number only)

\$6,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER
17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Committee for a Livable Future

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Cli Strategies 1100 NW Glisan Portland, OR 97209	Long distance charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/4/00	\$51.97
Cli Strategies 1100 NW Glisan Portland, OR 97209	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/10/00	\$200.00
C&E Systems of Oregon 921 SW Washington #470 Portland, OR 97205	FEC and accounting services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/4/00	\$1,065.00
Austin Raglione 2436 NW Savier Portland, OR 97210	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/1/00	\$4,149.04
US Postmaster NW Broadway & Hoyt Portland, OR 97209	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/10/00	\$23.50
Providence Good Health Plan PO Box 4800 Portland, OR 97208-4327	Health benefits Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/4/00	\$512.93
US West PO Box 12480 Seattle, WA 98111-4480	Phone service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/4/00	\$92.94
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).....

\$6,095.38

Total This period (last page this line number only).....

\$6,095.38

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

Contributions to Federal Candidates

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NAME OF COMMITTEE (in Full)

Committee for a Livable Future

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Tom Keefe for Congress 425 West First Spokane, WA 99201	Thomas Keefe, House candidate, WA 5th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/11/00	\$1,000.00
Eleanor Jordan for Congress PO Box 21151 Louisville, KY 40221	Eleanor Jordan, House candidate, KY-3rd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/11/00	\$2,000.00
Julia Carson for Congress Committee 54 Monument Cir. #600 Indianapolis, IN 46204	Julia Carson, House candidate, IN 10th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/11/00	\$1,000.00
Mark Udall for Congress 1871 Folsom St. Suite 105 Boulder, CO 80302	Mark Udall, House candidate, CO-2nd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/11/00	\$1,000.00
Lane Evans for Congress 1800 Third Ave. #308 Rock Island, IL 61201	Lane Evans, House candidate, IL 17th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/11/00	\$1,000.00
Nancy Keenan for Montana PO Box 9249 Helena, MT 59604	Nancy Keenan, House candidate, MT-at large Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/11/00	\$1,000.00
Linda Chapin for Congress 1031 W. Morse Blvd. #100 Winter Park, FL 32789	Linda Chapin, House candidate, FL 8th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/11/00	\$1,000.00
Dianne Byrum for Congress Committee PO Box 26191 Lansing, MI 48823	Dianne Byrum, House candidate, MI-8th Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/11/00	\$1,000.00
Rick Larsen PO Box 326 Everett, WA 98206	Rick Larsen, House candidate, WA 2nd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/11/00	\$1,000.00

Subtotal of Disbursements this Page (optional).....

\$10,000.00

Total This period (last page this line number only).....

\$10,000.00

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>10/24/00</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

10/26/00
DATE PREPARED