

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME: C00081885 121499
 JAMES W. HEWITT
 BEREUTER FOR CONGRESS COMMITTEE
 ADDRESS: P O BOX 94794
 CITY: LINCOLN NE 68507

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER: 50
 2000 FEB 2

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
 election on _____ in the State of _____
- July 15 Quarterly Report
- October 15 Quarterly Report 30-Day Post-Election Report following the General Election
 on _____ in the State of _____
- January 31 Year End Report Termination Report
- July 31 Mid-Year Report (Non-election Year Only)
- This report contains activity for: Primary Election General Election Special Election Runoff Election

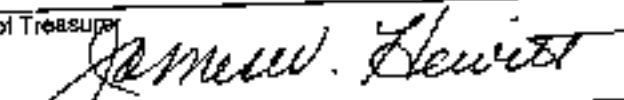
SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/99</u> through <u>12/31/99</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	36819.05	82574.05
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	36819.05	82574.05
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14757.04	45304.14
(b) Total Offsets to Operating Expenditures (from Line 14)	523.99	562.05
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	14233.05	44742.09
8. Cash on Hand at Close of Reporting Period (from Line 27)	135070.22	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY 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
 Toll Free 800-424-9530
 Local 202-694-1100

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 W. HEWITT

Signature of Treasurer


Date
 01/27/00

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 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 9)

Name of Committee (In full)	Report Covering the Period:	
BEREUTER FOR CONGRESS	From 07/01/99	To 12/31/99
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)	9050.00	
(ii) Unitemized	640.00	
(iii) Total of contributions from individuals	9690.00	12795.00
(b) Political Party Committees	79.05	79.05
(c) Other Political Committees (such as PACs)	27050.00	69700.00
(d) The Candidate	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	36819.05	82574.05
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0	0
(b) All Other Loans	0	0
(c) TOTAL LOANS (add 13(a) and (b))	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	523.99	562.05
15. OTHER RECEIPTS (Dividends, Interest, etc.)	787.03	1550.72
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	38130.07	84686.82
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	14757.04	45304.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0	0
21. OTHER DISBURSEMENTS	7500.00	16000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	22257.04	61304.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 119197.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 38130.07
25. SUBTOTAL (add Line 23 and Line 24)	\$ 157327.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 22257.04
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 135070.22

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Bailis 16602 Capitol Plaza, Apt. 4 Omaha, NE 68118-4014	First Data Resource Occupation: President	12/22/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
David Bernhardt 1931 N. Cleveland, #308 Arlington, VA 22201-	Brownstein, Hyatt, & Farber Occupation: Lobbyist	12/22/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
Patti Boyle 4041 S. 224 Terrace Elkhorn, NE 68022-	First Data Resources Occupation: E.V.P. and COO	12/22/199	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
Jeanne M. Campbell 1010 Pennsylvania Ave., S.E. Washington, DC 20003-	Campbell-Crane & Assoc. Occupation: Exec.	09/01/199	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$300.00	
Henty Duques 712 N. Casny Key Rd. Osprey, FL 34229-	First Data Corp. Occupation: Chairman & CEO	12/22/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
Thomas B. Evans 706 13th St. NW STE 950 Washington, DC 20005-3960	Self Occupation: Lawyer/Consultant	11/03/199	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$1000.00	
Charles Fote 2 Falcon Hills Drive Highlands Ranch, CO 80126-	First Data Corp. Occupation: President and COO	12/22/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	

SUBTOTAL of Receipts This Page (optional)

\$3350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code Eric Huff 2592 N. 160th St. Omaha, NE 68116-	Name of Employer First Data Resources	Date (month, day, year) 12/21/199	Amount of Each Receipt this Period \$250.00
	Occupation EVP	Aggregate Year-to-Date -> \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code Michael Jecotimus 2054 E. Terrace Dr. Highlands Ranch, CO 80126-	Name of Employer First Data Corp.	Date (month, day, year) 12/22/199	Amount of Each Receipt this Period \$250.00
	Occupation General Counsel	Aggregate Year-to-Date -> \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code G. Douglas McNary 5940 S. Fairplay St. Aurora, CO 80016-	Name of Employer Western Union/North America	Date (month, day, year) 12/22/199	Amount of Each Receipt this Period \$250.00
	Occupation President	Aggregate Year-to-Date -> \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code C. Ed McVaney 3900 S. Colorado Blvd. Cherry Hills Village, CO 80110-	Name of Employer J. D. Edwards	Date (month, day, year) 07/13/199	Amount of Each Receipt this Period \$1000.00
	Occupation C. E. O.	Aggregate Year-to-Date -> \$1000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code Gardner G. Peckham 4418 Ridge Street Chevy Chase, MD 20815-5226	Name of Employer Black, Kelly, Scruggs & Huxley	Date (month, day, year) 11/03/199	Amount of Each Receipt this Period \$250.00
	Occupation Director	Aggregate Year-to-Date -> \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code Gary Rutledge 2912 N. 161st St. Omaha, NE 68116-	Name of Employer First Data Resources	Date (month, day, year) 12/22/199	Amount of Each Receipt this Period \$250.00
	Occupation EVP	Aggregate Year-to-Date -> \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code Steven Stratman 16626 Marcy St. Omaha, NE 68118-	Name of Employer First Data Resources	Date (month, day, year) 12/22/199	Amount of Each Receipt this Period \$250.00
	Occupation General Counsel	Aggregate Year-to-Date -> \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	\$2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code Todd B. Strubbe 1509 S. 183rd Circle Omaha, NE 68130- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer First Data Resources	Date (month, day, year) 12/22/199	Amount of Each Receipt this Period \$250.00
	Occupation Managing Director	Aggregate Year-to-Date -> \$250.00	
B. Full Name, Mailing Address and Zip Code David Trainen 13505 Eagle Run Drive Omaha, NE 68164- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer First Data Resources	Date (month, day, year) 12/22/199	Amount of Each Receipt this Period \$250.00
	Occupation Chief Financial Officer	Aggregate Year-to-Date -> \$250.00	
C. Full Name, Mailing Address and Zip Code Michael T. Whealy 3140 Powers Ford Rd. SE Marietta, GA 30067- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer First Data Corp.	Date (month, day, year) 12/22/199	Amount of Each Receipt this Period \$500.00
	Occupation Vice President	Aggregate Year-to-Date -> \$500.00	
D. Full Name, Mailing Address and Zip Code Barbara Wilson 1401 N. Oak Street, Apt. 909 Arlington, VA 22209- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 11/03/199	Amount of Each Receipt this Period \$1000.00
	Occupation Homemaker/volunteer	Aggregate Year-to-Date -> \$1000.00	
E. Full Name, Mailing Address and Zip Code Barbara Wilson 1401 N. Oak Street, Apt. 909 Arlington, VA 22209- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 11/03/199	Amount of Each Receipt this Period \$1000.00
	Occupation Homemaker/volunteer	Aggregate Year-to-Date -> \$2000.00	
F. Full Name, Mailing Address and Zip Code Michael Yerington P. O. Box 4610 Parker, CO 80134- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Western Union/Com. Services	Date (month, day, year) 12/22/199	Amount of Each Receipt this Period \$250.00
	Occupation President	Aggregate Year-to-Date -> \$250.00	
G. Full Name, Mailing Address and Zip Code Richard Zehnacker 15707 Marcy Cir. Omaha, NE 68118- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer First Data Resources	Date (month, day, year) 12/21/199	Amount of Each Receipt this Period \$250.00
	Occupation Managing Director	Aggregate Year-to-Date -> \$250.00	

SUBTOTAL of Receipts This Page (optional)	\$3500.00
TOTAL This Period (last page this line number only)	\$9050.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

<p>A. Full Name, Mailing Address and Zip Code AMERICAN RENEWAL PAC Congressman J.C. Watts, Jr. P. O. Box 20210 Alexandria, VA 22320-1210</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Videotapes</p>	<p>Date (month, day, year) 09/05/199</p>	<p>Amount of Each Receipt this Period \$79.05</p>
<p>Aggregate Year-to-Date -> \$79.05</p>		<p>IN-LIND</p>	
<p>B. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>C. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>D. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>E. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			

SUBTOTAL of Receipts This Page (optional)	\$79.05
TOTAL This Period (last page this line number only)	\$79.05

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALLSTATE INSURANCE COMPANY PAC Mr. J. Charles Bruse 888 Sixteenth Street NW, Suite #700 Washington, DC 20006-		11/17/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$1000.00
B. Full Name, Mailing Address and Zip Code AM. LAND TITLE ASSOC. (TIPAC) Ms. Anne von Eigen 1828 L St., Suite 705 Washington, DC 20036-		12/09/199	\$1500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$1500.00
C. Full Name, Mailing Address and Zip Code AM. SOCIETY OF APPRAISERS PAC Mr. Peter Barash 1440 New York Ave. Suite 400 Herndon, VA 20170-		11/03/199	\$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$1250.00
D. Full Name, Mailing Address and Zip Code ARCD PAC Mr. M. M. McCallister 515 S. Flower St. Fl. 46 Los Angeles, CA 90071-		11/03/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$500.00
E. Full Name, Mailing Address and Zip Code BANK OF AMERICA PAC Mr. Rex B. Wackerle 730 15th Street, N. W. Washington, DC 20005-2102		11/12/199	\$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$750.00
F. Full Name, Mailing Address and Zip Code BURLINGTON NORTHEAST RAILPAC Patricia Ann Tilson P. O. Box 961039 Fort Worth, TX 76102-		12/01/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$1000.00
G. Full Name, Mailing Address and Zip Code BURSON-NARSTELLER PAC K. Riva Levinson 1850 K Street, N.W. Suite 901L Washington, DC 20006-		11/03/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->		\$500.00

SUBTOTAL of Receipts This Page (optional)	\$5000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARGILL, INC. PAC Mr. Greg Page P.O. Box 5625 Minneapolis, MN 55440-		12/26/199	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1000.00
B. Full Name, Mailing Address and Zip Code CHASE MANHATTAN PAC Ms. Bridget Lawless 270 Park Avenue New York, NY 10017-		12/01/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1000.00
C. Full Name, Mailing Address and Zip Code COASTAL EMPLOYEE ACTION FUND Ms. Nancy Dorn Nine Greenway Plaza Houston, TX 77046-		11/03/199	\$2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$2000.00
D. Full Name, Mailing Address and Zip Code CONCRETE MASONRY PAC Mr. Randall G. Pence 2302 Horse Pen Rd., Box 781 Herndon, VA 22070-		11/15/199	\$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation PAC	Aggregate Year-to-Date ->	\$800.00
E. Full Name, Mailing Address and Zip Code CREDIT UNION NAT'L ASSOC. PAC Mr. John McKechnie 805 15th St. N.W., #300 Washington, DC 20005-		11/17/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$500.00
F. Full Name, Mailing Address and Zip Code DAIRY FARMERS OF AM. INC. PAC Mr. J. S. Stone P. O. box 909700 Kansas City, MO 64190-9700		07/13/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$500.00
G. Full Name, Mailing Address and Zip Code DAIRY FARMERS OF AM. INC. PAC Mr. J. S. Stone P. O. box 909700 Kansas City, MO 64190-9700		11/12/199	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation	Aggregate Year-to-Date ->	\$1000.00

SUBTOTAL of Receipts This Page (optional)	\$5300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

<p>A. Full Name, Mailing Address and Zip Code EDISON INTERNATIONAL PAC Mr. Paget M. Kaiser, Jr. 2244 Walnut Grove Ave. Rosemead, CA 91770-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 12/09/199</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Amount of Each Receipt this Period \$1500.00</p>
<p>B. Full Name, Mailing Address and Zip Code ENRON CORP. PAC Mr. E. Joseph Hillings 1400 Smith, Suite EB4525 Houston, TX 77002-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 12/09/199</p> <p>Aggregate Year-to-Date -> \$1250.00</p>	<p>Amount of Each Receipt this Period \$750.00</p>
<p>C. Full Name, Mailing Address and Zip Code EXPERIAN CORP. PAC Mr. Tony Hadley 303 City Parkway West Orange, CA 92868-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/17/199</p> <p>Aggregate Year-to-Date -> \$750.00</p>	<p>Amount of Each Receipt this Period \$750.00</p>
<p>D. Full Name, Mailing Address and Zip Code EARLHARD INDUSTRIES PAC Mr. P. Scott Shearer P. O. Box 12473 Kansas City, MO 64116-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/04/199</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code FINANCIAL SERVICES ROUNDTABLE PAC Mr. Steve Bartlett 905 Fifteenth St. NW Suite 600 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/03/199</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and Zip Code GENERAL MOTORS CORP. PAC Mr. Andrew H. Card, Jr. P. O. Box 300 Detroit, MI 48265-3000</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/17/199</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code GOODYEAR GOOD GOV'T FUND Mr. T. F. Lingo 1144 E. Market St. Akron, OH 44316-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) 11/04/199</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$5000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category of the detailed primary page	PAGE	OF
	4	6
FOR LINE NUMBER		
11 (c)		

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)
BEREUTER FOR CONGRESS

<p>A. Full Name, Mailing Address and Zip Code GUARANTEE LIFE INS. CO. PAC Mr. Robert D. Bates 8801 Indian Hills Drive Omaha, NE 68114-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>11/12/199</p> <p>\$1500.00</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>B. Full Name, Mailing Address and Zip Code JOHN HANCOCK MUTUAL LIFE PAC Ms. Barbara Burgess 801 Pennsylvania Ave. NW Suite 730 Washington, DC 20004-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>11/03/199</p> <p>\$1000.00</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code KIRKPATRICK & LOCKHART LLP PAC Mr. George W. Koch 1800 Massachusetts Ave. N. W. 2nd Floor Washington, DC 20036-1800</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>07/15/199</p> <p>\$500.00</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code LORILLARD CO. PAC Mr. Ronald S. Milstein P. O. Box 10529 Greensboro, NC 27404-0529</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>11/05/199</p> <p>\$500.00</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code LUCENT TECHNOLOGIES PAC Mr. R. H. Enewold P.O. Box 37000 Omaha, NE 68137-9000</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>07/13/199</p> <p>\$500.00</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>F. Full Name, Mailing Address and Zip Code LUCENT TECHNOLOGIES PAC Mr. R. H. Enewold P.O. Box 37000 Omaha, NE 68137-9000</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>11/02/199</p> <p>\$1000.00</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code MACHINE TOOL PAC Mr. Paul Freedenberg 7501 Westpark Drive Mc Lean, VA 22102-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>11/17/199</p> <p>\$500.00</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>

SUBTOTAL of Receipts This Page (optional)	\$4000.00
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	OF
	5	6
FOR LINE NUMBER		
11(c)		

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NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

<p>A. Full Name, Mailing Address and Zip Code MORTGAGE INSURANCE PAC Ms. Susan B. Ironfield 727 15th Street, NW, 12th Fl. Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>11/03/199</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p> <p>\$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code NAT'L AUTO DEALER ASSN. PAC Ms. Emily A. Willeford 412 First Street, S.E. Washington, DC 20003-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>11/19/199</p>	<p>Amount of Each Receipt this Period</p> <p>\$750.00</p> <p>\$1250.00</p>
<p>C. Full Name, Mailing Address and Zip Code NAT'L COMM. TO PRESERVE SS AND MED. Mr. Max Richtman 10 G Street, N.E., Suite 600 Washington, DC 20002-4215</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>11/03/199</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000.00</p> <p>\$2000.00</p>
<p>D. Full Name, Mailing Address and Zip Code NATI PAC Mr. Robert L. Dibblee 2600 River Road Des Plaines, IL 60018-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>11/04/199</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p> <p>\$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code NORWEST CORPORATION PAC Mr. William Kelly Norwest Center, 6 & Marquette Minneapolis, MN 55475-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>08/01/199</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000.00</p> <p>\$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code PHILIP MORRIS PAC Mr. Gregory R. Scott 1341 G St., N.W., #900 Washington, DC 20005-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>11/17/199</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p> <p>\$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code REINSURANCE ASSOC. OF AM. PAC Ms. Mary B. Zetwick 1301 Pennsylvania Ave. N.W., Suite 900 Washington, DC 20004-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p> <p>12/31/199</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p> <p>\$500.00</p>

SUBTOTAL of Receipts This Page (optional)	\$4750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

See separate schedule(s) for each category of the detailed summary page	PAGE	OF
	6	6
FOR LINE NUMBER		
11(c)		

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NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code RJR POLITICAL ACTION COMMITTEE Mr. John H. Fish 2455 Penn. Ave., N.W., #925 Washington, DC 20004-		Name of Employer Occupation	Date (month, day, year) 11/19/199	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$1000.00		
B. Full Name, Mailing Address and Zip Code UNION PACIFIC CORP. PAC Ms. Mary E. McAuliffe 600 Thirteenth St. N.W., #340 Washington, DC 20005-		Name of Employer Occupation	Date (month, day, year) 11/19/199	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$1500.00		
C. Full Name, Mailing Address and Zip Code VALMONT INDUSTRIES PAC Mr. Thomas P. Egan, Jr. Valley, NE 68064-0358		Name of Employer Occupation	Date (month, day, year) 11/03/199	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$2000.00		
D. Full Name, Mailing Address and Zip Code THE WEXLER GROUP PAC Mr. R. D. Folson 1317 F Street, N.W. STE. 600 Washington, DC 20004-		Name of Employer Occupation	Date (month, day, year) 11/03/199	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> \$1000.00		
E. Full Name, Mailing Address and Zip Code / /		Name of Employer Occupation	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)		Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code / /		Name of Employer Occupation	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)		Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code / /		Name of Employer Occupation	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)		Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	\$3000.00
TOTAL This Period (last page this line number only)	\$27050.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
14		

Any information copied from such reports and documents 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)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code American Ditchley Foundation 556 Fifth Ave., Suite 3733 New York, NY 10103- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer CHECK NOT CASHED	Date (month, day, year) 12/31/199	Amount of Each Receipt this Period \$100.00
	Occupation Aggregate Year-to-Date -> \$100.00		
B. Full Name, Mailing Address and Zip Code Department of the Treasury P.O. 193858 San Francisco, CA 94119-3858 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer OVERPAYMENT REFUND	Date (month, day, year) 08/31/199	Amount of Each Receipt this Period \$372.68
	Occupation Aggregate Year-to-Date -> \$407.69		
C. Full Name, Mailing Address and Zip Code Department of the Treasury P.O. 193858 San Francisco, CA 94119-3858 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer TAX OVERPAYMENT	Date (month, day, year) 12/21/199	Amount of Each Receipt this Period \$27.58
	Occupation Aggregate Year-to-Date -> \$435.27		
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 / /	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date ->		
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 / /	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date ->		
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 / /	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date ->		
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 / /	Date (month, day, year) / /	Amount of Each Receipt this Period
	Occupation Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	\$500.26
TOTAL This Period (last page this line number only)	\$500.26

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cornhusker Bank 112 Cornhusker Hwy Lincoln, NE 68501-	INTEREST	09/30/199	\$392.15
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$1155.64	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cornhusker Bank 112 Cornhusker Hwy Lincoln, NE 68501-	INTEREST	12/31/199	\$394.88
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation		
	Aggregate Year-to-Date ->	\$1550.72	
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 ->		

SUBTOTAL of Receipts This Page (optional)	\$787.03
TOTAL This Period (last page this line number only)	\$787.03

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)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aliant Communications P. O. Box 81249 Lincoln, NE 68501-1249	Phone service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/30/199	\$77.26
Aliant Communications P. O. Box 81249 Lincoln, NE 68501-1249	Phone service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/23/199	\$73.37
Aliant Communications P. O. Box 81249 Lincoln, NE 68501-1249	Phone service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/31/199	\$75.48
Airtel Box 81249 Lincoln, NE 68501-1249	Phone service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/199	\$74.15
Airtel Box 81249 Lincoln, NE 68501-1249	Phone service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/27/199	\$77.64
Airtel Box 81249 Lincoln, NE 68501-1249	Phone service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/199	\$73.89
D. K. BEREUTER 2348 Rayburn H.O.B. Washington, DC 20515-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/199	\$11.75

SUBTOTAL of Disbursements This Page (optional)	\$463.54
TOTAL This Period (last page this line number only)	

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)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. K. BEREUTER 2348 Rayburn H.O.B. Washington, DC 20515-	Parking Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/199	\$5.00
D. K. BEREUTER 2348 Rayburn H.O.B. Washington, DC 20515-	Meals Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/09/199	\$9.90
D. K. BEREUTER 2348 Rayburn H.O.B. Washington, DC 20515-	Mileage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/22/199	\$62.10
D. K. BEREUTER 2348 Rayburn H.O.B. Washington, DC 20515-	Gift purchase Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/199	\$54.28
D. K. BEREUTER 2348 Rayburn H.O.B. Washington, DC 20515-	Postage and Mileage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/11/199	\$38.60
Capitol Hill Club 300 1st St. S.E. Washington, DC 20003-	Fundraiser expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/199	\$1252.67
Charter Printing Service, Inc. Department 711 Alexandria, VA 22334-	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/199	\$1008.43

SUBTOTAL of Disbursements This Page (optional)	\$2430.98
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
HEREFTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cornhusker Bank 114 Cornhusker Hwy Lincoln, NE 68501-	Tax-#941 Disbursement for: <input checked="" type="checkbox"/> Privacy <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/199	\$26.77
Cornhusker Bank 114 Cornhusker Hwy Lincoln, NE 68501-	Taxes-#941 Disbursement for: <input type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/199	\$40.16
Cornhusker Bank 114 Cornhusker Hwy Lincoln, NE 68501-	Tax-#941 Disbursement for: <input checked="" type="checkbox"/> Privacy <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/199	\$40.16
Cornhusker Bank 114 Cornhusker Hwy Lincoln, NE 68501-	Tax-#941 Disbursement for: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/199	\$99.80
Cornhusker Bank 114 Cornhusker Hwy Lincoln, NE 68501-	Tax-#941 Disbursement for: <input type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/11/199	\$40.16
Cornhusker Bank 114 Cornhusker Hwy Lincoln, NE 68501-	Tax-#941 Disbursement for: <input checked="" type="checkbox"/> Privacy <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/199	\$40.07
Judith A. Dougherty 1920 Dover Ct. Lincoln, NE 68506-	Postage Disbursement for: <input checked="" type="checkbox"/> Salary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/26/199	\$9.34

SUBTOTAL of Disbursements This Page (optional)	\$296.46
TOTAL This Period (last page this line number only)	

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)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Judith A. Dougherty 1920 Dover Ct. Lincoln, NE 68506-	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/31/199	\$242.41
Judith A. Dougherty 1920 Dover Ct. Lincoln, NE 68506-	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/199	\$242.41
Judith A. Dougherty 1920 Dover Ct. Lincoln, NE 68506-	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/29/199	\$161.61
Judith A. Dougherty 1920 Dover Ct. Lincoln, NE 68506-	Bonus Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/199	\$210.38
Judith A. Dougherty 1920 Dover Ct. Lincoln, NE 68506-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/199	\$11.85
Judith A. Dougherty 1920 Dover Ct. Lincoln, NE 68506-	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/199	\$242.41
Judith A. Dougherty 1920 Dover Ct. Lincoln, NE 68506-	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/199	\$323.22

SUBTOTAL of Disbursements This Page (optional)	\$1434.29
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
BERENTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Judith A. Dougherty 1920 Dover Ct. Lincoln, NE 68506-	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/02/199	\$242.41
E-Z MAIL Clock Tower Shopping Center 70th & A Street Lincoln,, NE 68506-	Stamps and Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/30/199	\$45.04
E-Z MAIL Clock Tower Shopping Center 70th & A Street Lincoln,, NE 68506-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/13/199	\$3.48
E-Z MAIL Clock Tower Shopping Center 70th & A Street Lincoln,, NE 68506-	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/199	\$180.00
Harlan H. Wiederspan Ford Van Lines Leasing Co. P. O. Box 6229 Lincoln, NE 68506-6229	Storage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/199	\$80.00
Harlan H. Wiederspan Ford Van Lines Leasing Co. P. O. Box 6229 Lincoln, NE 68506-6229	Storage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/31/199	\$80.00
Harlan H. Wiederspan Ford Van Lines Leasing Co. P. O. Box 6229 Lincoln, NE 68506-6229	Storage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/199	\$80.00

SUBTOTAL of Disbursements This Page (optional)	\$710.93
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

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 noncommercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Harlan H. Wiederspan %Ford Van Lines Leasing Co. P. O. Box 6229 Lincoln, NE 68506-6229	Storage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/199	\$80.00
Harlan H. Wiederspan %Ford Van Lines Leasing Co. P. O. Box 6229 Lincoln, NE 68506-6229	Storage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/02/199	\$80.00
IN GOOD TASTE/Kristen Coffield 29 W. Glendale Alexandria, VA 22301-	Catering Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/199	\$500.00
IN GOOD TASTE/Kristen Coffield 29 W. Glendale Alexandria, VA 22301-	Catering Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/199	\$550.00
Congressional Institute 316 Penn. Ave. S.E., Suite 403 Washington, DC 20003-146	GOP Retreat Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/21/199	\$840.00
Mastercard Center P.O. Box 82408 Lincoln, NE 68501-	See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/06/199	\$250.00
UNITED AIRLINES	Airplane ticket Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/08/199	\$250.00 MEMO

SUBTOTAL of Disbursements This Page (optional)

\$2300.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mastercard Center P.O. Box 82408 Lincoln, NE 68501-	See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/199	\$372.00
B. Full Name, Mailing Address and Zip Code Midwest Airlines-Oak Creek, WI	Airline ticket Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/24/199	\$372.00 MEMO
C. Full Name, Mailing Address and Zip Code Mastercard Center P.O. Box 82408 Lincoln, NE 68501-	See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/15/199	\$212.25
D. Full Name, Mailing Address and Zip Code U.S. House of Representatives B-217 Longworth Bldg. Washington, DC 20515-	Gift Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/12/199	\$156.00 MEMO
E. Full Name, Mailing Address and Zip Code U.S. House of Representatives B-217 Longworth Bldg. Washington, DC 20515-	Gift Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/02/199	\$42.00 MEMO
F. Full Name, Mailing Address and Zip Code Mastercard Center P.O. Box 82408 Lincoln, NE 68501-	See Below Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/10/199	\$191.73
G. Full Name, Mailing Address and Zip Code U.S. House of Representatives B-217 Longworth Bldg. Washington, DC 20515-	Gift Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/199	\$156.00 MEMO

SUBTOTAL of Disbursements This Page (optional)	\$775.98
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nancy Maxwell & Associates 4010 Franconia Rd Alexandria, VA 22310-2136	Fundraiser expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/199	\$1693.00
Nancy Maxwell & Associates 4010 Franconia Rd Alexandria, VA 22310-2136	Fundraiser expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/199	\$2266.72
Department of the Treasury P.O. 193858 San Francisco, CA 94119-3858	1120 Pol tax payment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/14/199	\$371.82
U. S. Postal Service Lincoln Post Office 700 R. St. rm 216 Lincoln, NE 68501-9651	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/06/199	\$33.00
U. S. Postal Service Lincoln Post Office 700 R. St. rm 216 Lincoln, NE 68501-9651	Postage Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/28/199	\$100.00
U. S. Postal Service Lincoln Post Office 700 R. St. rm 216 Lincoln, NE 68501-9651	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/199	\$330.00
U. S. Postal Service Lincoln Post Office 700 R. St. rm 216 Lincoln, NE 68501-9651	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/07/199	\$400.00

SUBTOTAL of Disbursements This Page (optional)	\$5194.54
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 **9**

FOR LINE NUMBER **17**

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 the political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U. S. Postal Service Lincoln Post Office 700 R. St. rm 216 Lincoln, NE 68501-9651	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/199	\$727.86
B. 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)	/ /	Amount of Each Disbursement This Period
C. 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)	/ /	Amount of Each Disbursement This Period
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)	/ /	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)	/ /	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)	/ /	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)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$727.86
TOTAL This Period (last page this line number only)	\$14334.58

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
BEREUTER FOR CONGRESS

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NRCC 320 First Street, S.E. Washington, DC 20003-	Incumbent Support Fund Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/199	\$7500.00
B. 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)	/ /	Amount of Each Disbursement This Period
C. 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)	/ /	Amount of Each Disbursement This Period
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)	/ /	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)	/ /	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)	/ /	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)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$7500.00
TOTAL This Period (last page this line number only)	\$7500.00

**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 1/28/00
<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	
RB PREPARER	2/2/00 DATE PREPARED