

# REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED  
FEC MAIL ROOM

2000 OCT 18 P 1:10

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Conservative National Committee		2. FEC IDENTIFICATION NUMBER C 00139097
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 1326		
CITY, STATE and ZIP CODE Arlington, VA 22210-0626		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) We satisfied the criteria prior to 1/1/94		

## 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
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day 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
Covering Period <u>9/1/00</u> through <u>9/30/00</u>		
(a) Cash on Hand January 1, <u>2000</u>		\$ <u>114.00</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>1967.32</u>	
(c) Total Receipts (from Line 18)	\$ <u>801.01</u>	\$ <u>10,078.96</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>2768.33</u>	\$ <u>10,192.96</u>
Total Disbursements (from Line 30)	\$ <u>2166.00</u>	\$ <u>9,590.63</u>
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 5(d))	\$ <u>602.33</u>	\$ <u>602.33</u>
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>—</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20469 Toll Free 800-424-9530 Local 202-219-3420
(e) Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>198,939.96</u>	

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  
Ralph J. Galliano

Signature of Treasurer

*Ralph J. Galliano*

Date

10/14/00

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

FEC FORM 3X

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Conservative National Committee		FROM: 9/1/00	TO: 9/30/00	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individuals/Persons Other Than Political Committees				
i. Itemized (use Schedule A)	800.00	10,075.00	11(a)(i)	
ii. Unitemized	1.01	3.96	11(a)(ii)	
iii. Total (add a i and ii) >	801.01	10,078.96	11(a)(iii)	
Political Party Committees			11(b)	
Other Political Committees (such as PACs)			11(c)	
Total Contributions (add a iii, b and c) >	801.01	10,078.96	11(d)	
12. Transfers From Affiliated/Other Party Committees			12	
13. Loans Received			13	
14. Loan Repayments Received			14	
15. Refunds To Operating Expenditures (Refunds, Rebates, etc.)			15	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			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) >	801.01	10,078.96	19	
20. Total Federal Receipts (subtract line 18 from line 19) >	801.01	10,078.96	20	
<b>II. Disbursements</b>				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share			21(a)(i)	
ii. Non-Federal Share			21(a)(ii)	
b. Other Federal Operating Expenditures	1,666.00	7,090.63	21(b)	
c. Total Operating Expenditures (add a i, a ii, and b) >	1,666.00	7,090.63	21(c)	
22. Transfers to Affiliated/Other Party Committees			22	
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,500.00	2,500.00	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) >	2,166.00	9,590.63	30	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,166.00	9,590.63	31	
<b>III. Net Contributions/Operating Expenditures</b>				
32. Total Contributions (other than loans)(from line 11d)	801.01	10,078.96	32	
33. Total Contribution Refunds (from line 28d)			33	
34. Net Contributions (other than loans)(subtract line 33 from 32)	801.01	10,078.96	34	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2,166.00	8,590.63	35	
36. Offsets to Operating Expenditures (from line 15)			36	
37. Net Operating Expenditures (subtract line 36 from 35) >	2,166.00	8,590.63	37	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER

All 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)

Conservative National Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Lovegrove, Jr. 431 Catamount Road Fairfield, CT 06430	State of Connecticut	9/14/00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Deputy Commissioner Aggregate Year-to-Date > \$ 4,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James H. Broussard 316 Ridge Road Annville, PA 17003	_____	9/14/00	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: _____ Aggregate Year-to-Date > \$ 300.00		
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 > \$		

SUBTOTAL TOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

800.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Conservative National Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barn for Congress P.O. Box 4323 Marietta, GA 30061	Contribution - GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/12/00	500.00
Rogan for Congress 146 East Cherry Chase Dr. #100 Glendale, CA 91206	Contribution - PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	500.00
RALPH GALIANO 2051 Galloway Tree Ct. Vienna, VA 22182	consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/00	250.00
LAZIO 2000 P.O. Box 5063 Bay Shore, NY 11706	Contribution - NY Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/00	500.00
FIRST VA BANK P.O. Box 88 Falls Church, VA 22040	Check Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/19/00	16.00
[REDACTED]	[REDACTED] Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[REDACTED]	[REDACTED]
John Gazi 301 G St, SW. Washington, D.C. 20024	consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/13/00	400.00
[REDACTED]	[REDACTED] Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED] Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[REDACTED]	[REDACTED]

SUBTOTAL of Disbursements This Page (optional)

2166.00

TOTAL for this Period (last page this line number only)

2166.00

Name: Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Conservative National Committee				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor Omega List Company 8330 Old Courthouse Rd. Vienna, VA 22180	19,269.39	0	0	19,269.39
Nature of Debt (Purpose): List Rental				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor Mark's Print Shop 3422 N. Washington Blvd. Arlington, VA 22201	14,292.29	0	0	14,292.29
Nature of Debt (Purpose): Printing				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor DRT 8330 Old Courthouse Rd. Vienna, VA 22180	62,187.03	0	0	62,187.03
Nature of Debt (Purpose): Tele marketing				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor Graphics 8330 Old Courthouse Rd. Vienna, VA 22180	391.56	0	0	391.56
Nature of Debt (Purpose): Graphics				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Bruce W. Eberle & Assoc. 8330 Old Courthouse Rd. Vienna, VA 22180	1,797.40	0	0	1,797.40
Nature of Debt (Purpose): Mail management				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor CCI 8330 Old Courthouse Rd. Vienna, VA 22180	1,538.77	0	0	1,538.77
Nature of Debt (Purpose): Computer printing				
1) SUBTOTALS This Period This Page (optional) . . . . .				
2) TOTALS This Period (last page this line only) . . . . .				

2 of 4

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Conservative National Committee				
1. Full Name, Mailing Address and Zip Code of Debtor or Creditor WIB 2727 Ferrilee Dr. Fairfax, VA 22031	275.00	0	0	275.00
Nature of Debt (Purpose): mailing services				
2. Full Name, Mailing Address and Zip Code of Debtor or Creditor Seckman Printing 2070 Chain Bridge Rd. Vianna, VA 22150	444.00	0	0	444.00
Nature of Debt (Purpose): Printing				
3. Full Name, Mailing Address and Zip Code of Debtor or Creditor Satur Corp. 2070 Chain Bridge Rd. Vianna, VA 22150	978.82	0	0	978.82
Nature of Debt (Purpose): Printing				
4. Full Name, Mailing Address and Zip Code of Debtor or Creditor WIB 2727 Ferrilee Dr. Fairfax, VA 22031	3672.74	0	0	3672.74
Nature of Debt (Purpose): mail management				
5. Full Name, Mailing Address and Zip Code of Debtor or Creditor Arico 705 Warleigh Pkwy. Springfield, VA 22152	408.35	0	0	408.35
Nature of Debt (Purpose): Computer printing				
6. Full Name, Mailing Address and Zip Code of Debtor or Creditor Reproduction Center 0101-7 Bacon Drive Beltsville, MD 20705	6097.20	0	0	6097.20
Nature of Debt (Purpose): Printing				
SUSTAINED This Period This Page (optional)				
TOTAL This Period (last page only)				

DEBTS AND OBLIGATIONS **3 of 4**  
Excluding Loans

(Use separate schedules for each numbered line.)

Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Conservative National Committee				
Full Name, Mailing Address and Zip Code of Debtor or Creditor W E (III) 227 Merrilee Dr. Fairfax, VA 22031	7,279.36	0	0	7,279.36
Purpose of Debt (Purpose): Mail management				
Full Name, Mailing Address and Zip Code of Debtor or Creditor Arco 735 Carraigh Pkwy. Springfield, VA 22152	11,243.28	0	0	11,243.28
Purpose of Debt (Purpose): Computer printing				
Full Name, Mailing Address and Zip Code of Debtor or Creditor Jensen Press 40 S. Maple Ave. Falls Church, VA 22046	14,185.75	0	0	14,185.75
Purpose of Debt (Purpose): Printing				
Full Name, Mailing Address and Zip Code of Debtor or Creditor Carter, Kent & Sullivan 2000 K Street NW Washington, DC 20006	28,259.88	0	0	28,259.88
Purpose of Debt (Purpose): Legal fees				
Full Name, Mailing Address and Zip Code of Debtor or Creditor C P Telephone P. O. Box 27709 Richmond, VA 23261-7709	317.03	0	0	317.03
Purpose of Debt (Purpose): Telephone				
Full Name, Mailing Address and Zip Code of Debtor or Creditor MCI P. O. Box 37280 Washington, DC 200013	780.22	0	0	780.22
Purpose of Debt (Purpose): Telephone				

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Conservative National Committee				
Full Name, Mailing Address and Zip Code of Debtor or Creditor Southeastern Printing 401 Wilson Blvd. Arlington, VA 22201	399.06	0	0	399.06
Purpose of Debt (Purpose): Printing				
Full Name, Mailing Address and Zip Code of Debtor or Creditor Diversified Mailing Services 333 Davenport Rd. Fredericksburg, VA 22401	443.16	0	0	443.16
Purpose of Debt (Purpose): Mailing services				
Full Name, Mailing Address and Zip Code of Debtor or Creditor United Envelope 02 Lane Court Sterling, VA 22170	2755.85	0	0	2755.85
Purpose of Debt (Purpose): Mailing services				
Full Name, Mailing Address and Zip Code of Debtor or Creditor Air Speedy Printing Centers 881 Leesburg Pike Falls Church, VA 22041	875.22	0	0	875.22
Purpose of Debt (Purpose): Printing				
Full Name, Mailing Address and Zip Code of Debtor or Creditor Continental Marketing 1015 Old Keene Mill Rd. #206 Springfield, VA 22150	9046.97	0	0	9046.97
Purpose of Debt (Purpose): Mailing services				
Full Name, Mailing Address and Zip Code of Debtor or Creditor James K. Jeanblanc 730 M Street NW #501 Washington, DC 20036	12,001.63	0	0	12,001.63
Purpose of Debt (Purpose): Legal Services				
SUBTOTALS This Period This Page (optional) . . . . .				
TOTAL This Period (last page this line only) . . . . .				
TOTAL OUTSTANDING LOANS from Schedule C (last page only) . . . . .				198,939.96
ADD 21 and 31 and carry forward to appropriate line of Summary Page (last page only) . . . . .				



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 10/16/02
<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

10/8/02  
DATE PREPARED