

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 0 8 10 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE	2. FEC IDENTIFICATION NUMBER C00192302
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 1700 E. Garry Street #108	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee (see FEC FORM 1N)
CITY, STATE and ZIP CODE Santa Ana, CA 92705	

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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
5. Covering Period <u>07/01/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 1997		1,893.51
(b) Cash on Hand at Beginning of Reporting Period	317.77	
(c) Total Receipts (from Line 10)	38,342.08	53,073.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	38,659.85	54,967.05
7. Total Disbursements (from Line 30)	30,881.25	47,188.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7,778.60	7,778.60
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-576-8180

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: **Tamara Jean McIntyre**

Signature of Treasurer: *Tamara Jean McIntyre* Date: **Feb 3, 1998**

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

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

NAME OF COMMITTEE	ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE	REPORT COVERING PERIOD		
		FROM: 07/01/97	TO: 12/31/97	
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)		0.00	590.00	11(a)(i)
II. Unitemized		33,006.22	47,147.68	11(a)(ii)
III. Total		33,006.22	47,737.68	11(a)(iii)
b. Political Party Committees		0.00	0.00	11(b)
c. Other Political Committees (such as PACs)		0.00	0.00	11(c)
d. Total Contributions		33,006.22	47,737.68	11(d)
12. Transfers From Affiliated/Other Party Committees		0.00	0.00	12
13. All Loans Received		0.00	0.00	13
14. Loan Repayments Received		0.00	0.00	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)		5,335.86	5,335.86	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity		0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)		38,342.08	53,073.54	19
20. Total Federal Receipts (subtract line 16 from line 19)		38,342.08	53,073.54	20
II. Disbursements				
21. Operating Expenditures				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
I. Federal Share		0.00	0.00	21(a)(i)
II. Non-Federal Share		0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures		30,131.25	46,438.45	21(b)
c. Total Operating Expenditures (add a.i, a.ii, and b)		30,131.25	46,438.45	21(c)
22. Transfers to Affiliated/Other Party Committees		0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Party Committees		650.00	650.00	23
24. Independent Expenditures (use Schedule E)		0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0.00	0.00	25
26. Loan Repayments Made		0.00	0.00	26
27. Loans Made		0.00	0.00	27
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees		0.00	0.00	28(a)
b. Political Party Committees		0.00	0.00	28(b)
c. Other Political Committees (such as PACs)		0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c)		0.00	0.00	28(d)
29. Other Disbursements		100.00	100.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		30,881.25	47,188.45	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		30,881.25	47,188.45	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans) (from line 11d)		33,006.22	47,737.68	32
33. Total Contribution Refunds (from line 28d)		0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)		33,006.22	47,737.68	34
35. Total Federal Operating Expenditures (add 21 a.i and 21 b)		30,131.25	46,438.45	35
36. Offsets to Operating Expenditures (from line 15)		5,335.86	5,335.86	36
37. Net Operating Expenditures (subtract line 36 from 35)		24,795.39	41,102.59	37

SCHEDULE A

ITEMIZED RECEIPTS

Offsets to Operating Expenditures

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/97 - 12/31/97)

PAGE 1 OF 1
FOR LINE NUMBER 15

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)

ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE CO0192302

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elections Committee of the County of Orange - State 1700 E. Garry Street #108 Santa Ana, CA 92705	Reimbursement for utilities, consulting, rent, postage	10/04/97	657.47
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ see below	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
same as above	Reimbursement for utilities, postage, insurance, etc.	07/16/97	2,115.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ see below	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
same as above	Reimbursement for expenses	08/19/97	563.59
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ see below	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
same as above	Reimbursement for expenses	09/12/97	1,270.99
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ see below	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
same as above	Reimbursement for expenses	09/12/97	596.79
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,206.13	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Orange County Cultural Bride	Refund of deposit	09/12/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.S. Postmaster Santa Ana Station Santa Ana, CA 92799	Postage refund	12/17/97	29.73
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 29.73	

SUBTOTAL of Receipts This Page (optional)

5,335.86

TOTAL This Period (last page this line number only)

5,335.86

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Federal Operating Expenses

Use separate schedule(s)
for each category of the
Detailed Summary Page
(02/01/97 - 12/31/97)

PAGE 1 OF 5
FOR LINE NUMBER 21 (b)

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NAME OF COMMITTEE (In Full)

ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE C00192302

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Abacus Insurance Brokers Inc.	Insurance Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/16/97	412.50
Rueben Carrillo	Reimbursement: awards Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/27/97	312.50
same as above	Reimbursement: copying Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/23/97	49.67
Judy Carter	Reimbursement: Entertainment Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/10/97	700.00
City National	Bank fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/31/97 08/29/97 09/12/97 10/31/97	15.00 15.00 15.00 15.00
same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/28/97 07/15/97 06/13/97 09/12/97	15.00 7.50 7.50 7.50
same as above	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/15/97 10/23/97	7.50 8.00
same as above	Bounced checks not itemized. Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/23/97	525.00
David L. Gould Company 555 S. Flower Street #4510 Los Angeles, CA 90071	Professional Treasurer Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/04/97	304.00

SUBTOTAL of Disbursements This Page (optional)

2,416.67

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Federal Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page 07/01/97 - 12/31/97

PAGE 2 OF 5
FOR LINE NUMBER 21 (b)

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NAME OF COMMITTEE (in Full)

ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE C00192302

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
same as above	Professional reporting services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/09/97	306.11
same as above	Reporting Services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/17/97	312.04
same as above	Reporting services Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/08/97 05/11/97	407.23 1,193.58
Disneyland Pacific Hotel 1717 South West Street Anaheim, CA 92802	Banquet facilities Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/16/97	7,614.91
Equitable Garry Plaza 1700 E. Garry Street Santa Ana, CA 92705	Rest Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/31/97 08/15/97 09/11/97 11/06/97	731.79 731.79 731.79 731.79
same as above	 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/04/97	731.79
Fly By Night	Entertainment Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/18/97 10/09/97	625.00 200.00
Joel LeTourneau	Reimbursement: expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/17/97	395.68
same as above	Reimbursement: phone & dinner expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/24/97	620.00

SUBTOTAL of Disbursements This Page (optional)

15,335.38

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Federal Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/97 - 12/31/97)

PAGE 3 OF 5
FOR LINE NUMBER 21 (b)

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NAME OF COMMITTEE (In Full)

ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE C00192302

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Life Aids Lobby	Conference fees Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/24/97	50.00
same as above	Donation Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/24/97	900.00
same as above	Usage Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/16/97	300.00
Magic by Erich	Entertainment Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/23/97	816.00
Del Martin	Reimbursement: travel Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/17/97	180.00
same as above	Reimbursement: Travel Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/08/97	90.00
Narnia Productions	design ad & invitations Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/17/97	355.00
same as above	printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/11/97	125.00
same as above	production costs Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/23/97	1,798.18

SUBTOTAL of Disbursements This Page (optional)

4,614.18

TOTAL This Period (last page this line number only)

SCHEDULE B **ITEMIZED DISBURSEMENTS**
 Other Federal Operating Expenses

Use separate schedule(s)
 for each category of the
 Detailed Summary Page
 (02/01/97 - 12/31/97)

PAGE OF
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 FOR LINE NUMBER
 21 (b)

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NAME OF COMMITTEE (In Full)

ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE C00192302

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Newport Printers 2105 San Joaquin Hills Road Newport Beach, CA 92660	Printing	07/16/97	470.51
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	09/11/97	807.38
	Other (specify):	10/23/97	640.72
B. Full Name, Mailing Address and ZIP Code Nightingale Entertainment	Purpose of Disbursement Entertainment	Date (month, day, year) 10/09/97	Amount of Each Disbursement this Period 1,200.00
C. Full Name, Mailing Address and ZIP Code Orange County Cultural Pride	Purpose of Disbursement Exhibition fee	Date (month, day, year) 07/16/97	Amount of Each Disbursement this Period 535.20
D. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement Berside fee	Date (month, day, year) 07/16/97	Amount of Each Disbursement this Period 35.00
E. Full Name, Mailing Address and ZIP Code Pacific Bell Payment Center Van Nuys, CA 91388	Purpose of Disbursement Phone	Date (month, day, year) 08/15/97 09/11/97 12/17/97 11/08/97	Amount of Each Disbursement this Period 103.98 229.56 91.20 116.37
F. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement	Date (month, day, year) 10/04/97	Amount of Each Disbursement this Period 106.57
G. Full Name, Mailing Address and ZIP Code Fred Provencher 506 - 15th Street Huntington Beach, CA 92648	Purpose of Disbursement Printing	Date (month, day, year) 08/15/97 10/16/97	Amount of Each Disbursement this Period 121.86 156.76
H. Full Name, Mailing Address and ZIP Code Southern California Edison P.O. Box 600 Rosemead, CA 91771	Purpose of Disbursement Electricity	Date (month, day, year) 08/15/97 09/11/97 12/17/97 11/08/97	Amount of Each Disbursement this Period 69.47 65.01 49.30 72.84
I. Full Name, Mailing Address and ZIP Code same as above	Purpose of Disbursement	Date (month, day, year) 10/04/97	Amount of Each Disbursement this Period 62.85

SUBTOTAL of Disbursements This Page (optional)

4,934.40

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Other Federal Operating Expenses

Use separate schedule(s) for each category of the Detailed Summary Page (07/01/97 - 12/31/97)

PAGE 5 OF 5
FOR LINE NUMBER 21 (b)

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NAME OF COMMITTEE (in Full)

ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE CU0192302

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Super Printers	Printing Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/11/97 10/23/97	449.99 1,145.65
Trade Industries Finance Corp.	Insurance Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/11/97 12/17/97 11/08/97 10/04/97	62.72 125.44 59.73 59.73
Unitized other federal operating expenses (less than \$200) This Period: 07/01/97 - 12/31/97	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		927.36
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):	Date (month, day, year)	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):	Date (month, day, year)	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):	Date (month, day, year)	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):	Date (month, day, year)	Amount of Each Disbursement this Period
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)	2,830.62
TOTAL This Period (last page this line number only)	30,131.25

SCHEDULE B ITEMIZED DISBURSEMENTS
 Contribution to Federal Candidates/Committees and Other Party Committees

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NAME OF COMMITTEE (In Full)
 ELECTIONS COMMITTEE OF THE COUNTY OF ORANGE 00192302

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Friends of Barbara Boxer P.O. Box 641751 Los Angeles, CA 90064	Federal Contribution Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/17/97	500.00
B. Full Name, Mailing Address and ZIP Code Unitized contribution to Federal candidates/committees and other party committees (less than \$200) This Period: 07/01/97 - 12/31/97	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 150.00
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):	Date (month, day, year)	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):	Date (month, day, year)	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):	Date (month, day, year)	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):	Date (month, day, year)	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):	Date (month, day, year)	Amount of Each Disbursement this Period
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)	650.00
TOTAL This Period (last page this line number only)	650.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>2-4-98</i>
<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	

JCH
PREPARER

2-8-98
DATE PREPARED