

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

AUG 3 2 23 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
Democratic Party of Lee Anne County

ADDRESS (number and street)  Check if different than previously reported  
1031 24th St

CITY, STATE and ZIP CODE  
Lexington, VA 23501

2. FEC IDENTIFICATION NUMBER  
C 00033517

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)

*Handwritten signature/initials*

- Monthly Report Due On:
- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

| SUMMARY   |                               | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date  |
|---|-------------------------------|-------------------------|--|
| 5. Covering Period  | <u>1-1-98 through 3-31-98</u> |                         |  |
| 6. (a) Cash on Hand January 1, 19 <u>98</u>   |                               |                         | \$ <u>760.48</u>   |
| (b) Cash on Hand at Beginning of Reporting Period   |                               | \$ <u>760.48</u>        |  |
| (c) Total Receipts (from Line 19)   |                               | \$ <u>1682.09</u>       | \$ <u>1682.09</u>  |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)      |                               | \$ <u>2442.57</u>       | \$ <u>2442.57</u>  |
| 7. Total Disbursements (from Line 30)   |                               | \$ <u>1522.11</u>       | \$ <u>1522.11</u>  |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                 |                               | \$ <u>920.46</u>        | \$ <u>920.46</u>   |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)  |                               | \$ <u>0</u>             | For further information contact<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20453<br>Toll Free 800-424-9530<br>Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) |                               | \$ <u>0</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  
Kathy M. Drees

Signature of Treasurer  
*[Handwritten Signature]*

Date  
4-10-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|

FEC FORM 3X  
(revised 8/93)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

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)

*Democratic Party of Neg People Growth*

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer                          | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| <i>John Bradbury<br/>729 Preston<br/>Lewiston, ME 03501</i>   | <i>Retired<br/>Lawyer</i>                 | <i>1-18-98</i>          | <i>252.25</i>                      |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ <i>252.25</i> |                         |                                    |
| <i>Barbara Fry<br/>112 Bailey Dr<br/>Lewiston, ME 03501</i>   | <i>Neg People Growth<br/>Clerk</i>        | <i>2-13-98</i>          | <i>20.00</i>                       |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ <i>20.00</i>  |                         |                                    |
| <i>Dennis Ohtman<br/>510 Bunnell Dr<br/>Lewiston, ME 03501</i>  | <i>Lewiston High School<br/>Teacher</i>   | <i>2-14-98</i>          | <i>100.00</i>                      |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ <i>100.00</i> |                         |                                    |
| <i>Carol Wallace<br/>1117 Alder Dr<br/>Lewiston, ME 03501</i>   | <i>YWCA<br/>Social Worker</i>             | <i>2-19-98</i>          | <i>100.00</i>                      |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ <i>100.00</i> |                         |                                    |
| <i>ELAINE THOMAS<br/>411 Prospect Ave<br/>Lewiston, ME 03501</i>  | <i>Retired<br/>Homemaker</i>              | <i>2-17-98</i>          | <i>50.00</i>                       |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ <i>50.00</i>  |                         |                                    |
| <i>MONA HUBER HALL<br/>1004 4th St<br/>Lewiston, ME 03501</i>   | <i>Homemaker</i>                          | <i>2-23-98</i>          | <i>25.00</i>                       |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ <i>25.00</i>  |                         |                                    |
| <i>Polly Taylor Magness<br/>306 16th Ave<br/>Lewiston, ME 03501</i>   | <i>Homemaker</i>                          | <i>3-2-98</i>           | <i>20.00</i>                       |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ <i>20.00</i>  |                         |                                    |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 1  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Democratic Party of NEQ Peace Party

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period        |
|--|---|-------------------------|---|
| Mark A. Newson<br>522 Curway Dr<br>LEWISTON, NJ 03508  | Posthach Mill   | 3-5-98                  | 150.93                                    |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Mill Worker<br>Aggregate Year-to-Date > \$ 150.93       |                         |   |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period        |
| Charles Woods<br>308 Main St<br>LEWISTON, NJ 0354  | Woods Insurance   | 3-23-98                 | 20.00                                     |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Insurance<br>Aggregate Year-to-Date > \$ 20.00          |                         |   |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period        |
| Mark Hall<br>2843 Main Fair<br>LEWISTON, NJ 03501  | Posthach  | 2-15-98<br>2-10-98      | In Kind<br>108.51 - Post<br>38.40 Postage |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Posthach Employee<br>Aggregate Year-to-Date > \$ 146.91 |                         |   |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer  | Date (month, day, year) | Amount of Each Receipt this Period        |
| Ann Carroll<br>1317 14th<br>LEWISTON, NJ   | Schoolteacher   | 2-98                    | In Kind<br>20.00                          |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Retired<br>Aggregate Year-to-Date > \$ 20.00            |                         |   |
| 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:<br>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:<br>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:<br>Aggregate Year-to-Date > \$                          |                         |   |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

855.09

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<br>7-30-98                |
| <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<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| <i>SEU</i>  | 8-4-98                               |
| PREPARER  | DATE PREPARED                        |