REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

OCT 27 4 42 PM '97

USE FED MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): DEMOCRATIC PARTY OF ILLINOIS

ADDRESS (number and street) ☐ Check if different than previously reported: 489 MERCHANDISE MART

CITY, STATE and ZIP CODE: CHICAGO IL 60654

2. FEC IDENTIFICATION NUMBER: C00167015

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)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ 12-Day Pre-Election Report for the _____ (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 This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4-1-94 through 6-30-94		
6. (a) Cash on Hand January 1, 19 94		$ 14695.63
(b) Cash on Hand at Beginning of Reporting Period	$ 10037.50	
(c) Total Receipts (from Line 19)	$ 199691.03	$ 332843.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 209728.53	$ 347538.66
7. Total Disbursements (from Line 30)	$ 165615.01	$ 303425.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 44113.52	$ 44113.52
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 202-219-3420

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: JOHN A. GIANULIS

Signature of Treasurer: John A Gianulis

Date: 10-23-97

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
(revised 9/93)

FE7AH047

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

(revised 1/1/91)

NAME OF COMMITTEE: DEMOCRATIC PARTY OF ILLINOIS

REPORT COVERING PERIOD FROM: 4-1-94 TO: 6-30-94

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	10 000.00	21 475.00	11(a)(i)
ii. Unitemized	84 735.00	161 683.00	11(a)(ii)
iii. Total (add i and ii) ➤	94 735.00	183 158.00	11(a)(iii)
b. Political Party Committees	8 606.03	13 213.20	11(b)
c. Other Political Committees (such as PACs)	10 250.00	10 750.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	113 591.03	207 121.20	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	1100.00	1124.76	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	85 000.00	124 597.07	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	199 691.03	332 843.03	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	114 691.03	208 245.96	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	22 928.79	40 235.72	21(a)(i)
ii. Non-Federal Share	80 158.60	150 791.68	21(a)(ii)
b. Other Federal Operating Expenditures	55 675.04	104 974.44	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	158 762.43	296 001.84	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			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	45.00	45.00	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) ➤	45.00	45.00	28(d)
29. Other Disbursements	6 807.58	7 378.30	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	165 615.01	303 425.14	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	85 456.41	152 633.46	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	113 591.03	207 121.20	32
33. Total Contribution Refunds (from line 28d)	45.00	45.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	113 546.03	207 076.20	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	78 603.83	145 210.16	35
36. Offsets to Operating Expenditures (from line 15)	1100.00	1124.76	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	77 503.83	144 085.40	37

FE7A/047

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 (a) (i)

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 committees.

NAME OF COMMITTEE (in Full)

DEMOCRATIC PARTY OF ILLINOIS -- C00167015

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Stone, William E. 2 Circle Drive Paris IL 61944 Receipt For: Primary General Other (specify):	U.S. Postal Service Occupation: Retired Aggregate Year-to-Date $ 300.00	04.11.94	300.00
B. Tinnea, Johanna H. 700 West Vine Street Taylorville IL 62568 Receipt For: Primary General Other (specify):	Name of Employer: NOne Occupation: Housewife Aggregate Year-to-Date $ 500.00	04.22.94	500.00
C. Williams, Paul L. 311 S. Wacker Drive, # 4500 Chicago IL 60606 Receipt For: Primary General Other (specify):	Name of Employer: Law Offices of Paul Williams Occupation: Attorney Aggregate Year-to-Date $ 500.00	04.22.94	500.00
D. HAGWANER, DELSON BIRTHDAY COMM. 155 NORTH MAIN STREET EDWARDSVILLE IL 62025 Receipt For: Primary General Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ -0-	6.30.94	<250.00>
E. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary General Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 10,000.00

4-00172

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (in Full)

DEMOCRATIC PARTY OF ILLINOIS -- C00167015

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carpenters Legislative Improvement Committee 101 Constitution Avenue, N.W. Washington DC 20001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,000.00	06.30.94	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Committee on Political Education AFL-CIO 815 16th Street, N.W. Washington DC 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 5,000.00	04.04.94	5,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
IL State United Steelworkers of America 627 N. Alleghany Road Grayslake IL 60030 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,000.00	04.12.94	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
United Food & Commercial Worker Int'l 1775 K Street, N.W. Washington DC 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 2,500.00	04.18.94	2,500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK MEDIA GROUP Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	5.2.94	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
HAGNAUER, NELSON BIRTHDAY COMM. 155 NORTH MAIN STREET EDWARDSVILLE IL 62025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $	6.30.94	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 10,250.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS C00167015

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GORDON T SCHWENKMEYER 550 N. CONTINENTAL BLVD. EL SEGUNDO CA 90245	TELEMARKETING Disbursement for: Primary General Other (specify)	4-6-94	2300.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	4-13-94	4400.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	4-22-94	3950.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	4-26-94	1950.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	5-3-94	1500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	5-10-94	1000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	5-17-94	400.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	5-24-94	300.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
"	TELEMARKETING Disbursement for: Primary General Other (specify)	5-24-94	300.00

SUBTOTAL of Disbursements This Page (optional) 16100.00

TOTAL This Period (last page this line number only) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full): DEMOCRATIC PARTY OF ILLINOIS C00167015

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. GORDON & SCHANK MEYER 550 N. CONTINENTAL BLVD. EL SEGUNDO CA 90245	TELEMARKETING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-2-94	400.00
B. "	TELEMARKETING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-7-94	127.53
C. "	TELEMARKETING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-9-94	12500.00
D. "	TELEMARKETING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-14-94	12 000.00
E. "	TELEMARKETING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-21-94	5200.00
F. "	TELEMARKETING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-22-94	550.00
G. "	TELEMARKETING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-24-94	8000.00
H. "	TELEMARKETING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-29-94	700.00
I. "	BANK CHARGES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-15-94	97.51

SUBTOTAL of Disbursements This Page (optional) 39575.04

TOTAL This Period (last page this line number only) 55675.04

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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 ILLINOIS C00167015

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code BANK ONE SPRINGFIELD IL	BANK FEES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-20-94	7.58
B. Full Name, Mailing Address and ZIP Code DEMOCRATIC PARTY OF IL - N/F 489 MERCHANDISE MART CHICAGO IL 60654	Purpose of Disbursement TRANSFER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-4-94	2300.00
C. Full Name, Mailing Address and ZIP Code "	Purpose of Disbursement TRANSFER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-4-94	1000.00
D. Full Name, Mailing Address and ZIP Code "	Purpose of Disbursement TRANSFER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-23-94	1500.00
E. Full Name, Mailing Address and ZIP Code "	Purpose of Disbursement TRANSFER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-23-94	1000.00
F. Full Name, Mailing Address and ZIP Code "	Purpose of Disbursement TRANSFER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-23-94	1000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 6807.58

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SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 7
(Use separate schedules for each numbered line)

Name of Committee (In Full) DEMOCRATIC PARTY OF ILLINOIS	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor GORDON & SCHWENKMEYER, INC. 550 N. CONTINENTAL BLVD. EL SEGUNDO CA 90245	22 645.63	327192	5557.53	(211.98)
Nature of Debt (Purpose): TELEMARKETING				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

FE7ANOFT

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

FOR LINE 21a

NAME OF COMMITTEE
DEMOCRATIC PARTY OF ILLINOIS C00167015

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
MAYES, LIDDY 5204 CARLTON SPRINGFIELD IL 62703	SALARY	5.3.94	223.39	27.92	195.45
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
RETAILERS NATIONAL BANK MARSHALL FIELDS 1 N. STATE STREET CHICAGO IL 60602	GIFT	5.25.94	141.38	17.67	123.71
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
SMITH, CHRIS R.R. 2 BOX 193 LEWISTOWN IL 61542	SALARY	6.9.94	40.00	5.00	35.00
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
FEDERAL EXPRESS P.O. BOX 1140 - DEPT A MEMPHIS TN 38101	SHIPPING	6.20.94	107.00	13.38	93.62
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
FRYE-WILLIAMSON PRESS 901 N. MACARTHUR BLVD SPRINGFIELD IL 627	PRINTING Calendar Printing	4.29.94 5-20-94	<4586.65> <4586.65>	<779.73> <2293.33>	<3806.92> <2293.32>
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	**PURPOSE/EVENT**	**DATE**	**TOTAL AMOUNT**	**FEDERAL SHARE**	**NON-FEDERAL SHARE**
SMITH, CHRISTINA R.R. 2 BOX 193 LEWISTOWN IL 61542	SALARY SALARY	4.28.94 4.28.94	<606.66> 604.66	<103.13> 102.79	<503.53> 501.87
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT EVENT YEAR-TO-DATE: $ 187,763.09 ☐ DIRECT CANDIDATE SUPPORT					

SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE	<8663.55>	<3009.43>	<5654.12>
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)	103087.39	22928.79	
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)			80-158.60

FE7AN047

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 recived.

☑	Hand Delivered	Date of Receipt 10-27-97
☐	First Class Mail	POSTMARKED
☐	Registerd/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

10-28-97
DATE PREPARED

(7/97)