RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
APR 9 11 31 AM '98

INDIANA MICHIGAN POWER COMPANY
CIVIC ACTION PROGRAM
ONE SUMMIT SQUARE
P. O. BOX 60
FORT WAYNE, INDIANA 46801

Federal Election Commission
999 E. Street, N. W.
Washington, D. C. 20463

April 6, 1998

Ladies and Gentlemen:

Indiana Michigan Power Company Civic Action Program (FEC Identification Number C00139642) Report of Receipts and Disbursements (FEC Form 3X and Supporting Schedules) for the quarterly report ending March 31, 1998, is hereby submitted.

We have chosen to lower the reporting threshold for individual donors to $100. This is to protect our donors from the unauthorized use of their names in Indiana according to Opinion No. A01991-16. We have listed the donors who have contributed over $200, the Federal Reporting Requirement, and those contributing between $100 and $200 on separate schedules in this report.

Sincerely yours,

Maurice C. McIntyre

Maurice C. McIntyre
Treasurer

Enclosures

MCM/ckp

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 9 11 31 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
INDIANA MICHIGAN POWER COMPANY CIVIC ACTION PROGRAM

ADDRESS (number and street) [ ] Check if different than previously reported
ONE SUMMIT SQUARE, P. O. BOX 60

CITY, STATE and ZIP CODE
FORT WAYNE, IN 46801

2. FEC IDENTIFICATION NUMBER
C00139642

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

4. TYPE OF REPORT

(a) [X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 1/1/98 through 3/31/98		
6. (a) Cash on Hand January 1, 1998		$ 10,834.34
(b) Cash on Hand at Beginning of Reporting Period	$ 10,834.34	
(c) Total Receipts (from Line 19)	$ 2,668.98	$ 2,668.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 13,503.32	$ 13,503.32
7. Total Disbursements (from Line 30)	$ 800.00	$ 800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 12,703.32	$ 12,703.32
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
MAURICE C. McINTYRE

Signature of Treasurer
Maurice C. McIntyre

Date
4/6/98

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)

FE7AN047

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

(revised 1/1/91)

NAME OF COMMITTEE C00139642
INDIANA MICHIGAN POWER COMPANY CIVIC ACTION PROGRAM

REPORT COVERING PERIOD FROM 1/1/98 TO: 3/31/98

	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)	228.78	228.78	11a(i)
ii. Unitemized	2,440.20	2,440.20	11a(ii)
iii. Total (add i and ii) ➤	2,668.98	2,668.98	11a(iii)
b. Political Party Committees			11b
c. Other Political Committees (such as PACs)			11c
d. Total Contributions (add a iii, b and c) ➤	2,668.98	2,668.98	11d
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.)			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) ➤	2,668.98	2,668.98	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,668.98	2,668.98	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21a(i)
ii. Non-Federal Share			21a(ii)
b. Other Federal Operating Expenditures			21b
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21c
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			28a
b. Political Party Committees			28b
c. Other Political Committees (such as PACs)			28c
d. Total Contribution Refunds (add a, b and c) ➤			28d
29. Other Disbursements	800.00	800.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	800.00	800.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	800.00	800.00	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,668.98	2,668.98	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,668.98	2,668.98	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11., A., 1

CONTRIBUTIONS FROM INDIVIDUALS GREATER THAN $200

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)

INDIANA MICHIGAN POWER COMPANY CIVIC ACTION PROGRAM C00139642

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. R. BOYLE III 1326 TURNBERRY LANE FORT WAYNE, IN 46804	INDIANA MICHIGAN POWER COMPANY	PAYROLL DEDUCTION	$228.78
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation STATE PRESIDENT INDIANA/MICHIGAN Aggregate Year-to-Date $228.78		($76.26 a month)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$228.78

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER N/A

CONTRIBUTIONS FROM INDIVIDUALS BETWEEN $100 and $200

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)

INDIANA MICHIGAN POWER COMPANY CIVIC ACTION PROGRAM C00139642

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. D. L. BAKER 4702 CRYSTAL RIDGE COVE FORT WAYNE, IN 46835 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	INDIANA MICHIGAN POWER COMPANY Occupation ENVIRONMENTAL AFFAIRS DIRECTOR Aggregate Year-to-Date $ 107.28	PAYROLL DEDUCTION	$107.28 ($35.76 a month)
B. J. F. ELAN 1534 CHANNEL COURT FORT WAYNE, IN 46825 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer INDIANA MICHIGAN POWER COMPANY Occupation MANAGER ECONOMIC DEVELOPMENT Aggregate Year-to-Date $ 101.12	1/31/98 2/28/98 3/31/98	$33.04 34.04 34.04 PAYROLL DEDUCT
C. D. B. SYNOWIEC 539 AUDOBUN DR. EVANSVILLE, IN 47715 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer INDIANA MICHIGAN POWER COMPANY Occupation PLANT MANAGER Aggregate Year-to-Date $ 115.62	1/31/98 2/28/98 3/31/98	$38.14 38.14 39.34 PAYROLL DEDUCT
D. W. E. WALTERS 15459 SIENA COURT GRANGER, IN 46530 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer INDIANA MICHIGAN POWER COMPANY Occupation REGION MANAGER MICHIANA Aggregate Year-to-Date $ 152.52	PAYROLL DEDUCTION	$152.52 ($50.84 a month)
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) $476.54

FE7AN047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

(AFFILIATED COMMITTEE)

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

INDIANA MICHIGAN POWER COMPANY CIVIC ACTION PROGRAM C00139542

A. 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
B. 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
C. 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
D. 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
E. 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
F. 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
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)	--

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

(FEDERAL CANDIDATES)

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

INDIANA MICHIGAN POWER COMPANY CIVIC ACTION PROGRAM C00139642

A. 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
B. 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
C. 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
D. 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
E. 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
F. 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
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)	--

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

(OTHER 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)

INDIANA MICHIGAN POWER COMPANY CIVIC ACTION PROGRAM

C00139642

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SENATE MAJORITY CAMPAIGN COMMITTEE P. O. BOX 2182 INDIANAPOLIS, IN 46206-2182	YTD $500 PARTY CAUCUS CONTRIBUTION Disbursement for: Primary General Other (specify)	3/17/98	$500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
INDIANA SENATE DEMOCRATS COMMITTEE 1 NORTH CAPITAL, #200 INDIANAPOLIS, IN 46204	YTD $300 PARTY CAUCUS CONTRIBUTION Disbursement for: Primary General Other (specify)	3/17/98	$300.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional) $800.00

TOTAL This Period (last page this line number only) $800.00

FE2AN047

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
☐	First Class Mail	POSTMARKED
☑	Registerd/Certified Mail	POSTMARKED 4-6-98
☐	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

4-9-98
DATE PREPARED

(7/97)