REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
C00011843 060498 P 236
C.A. SWAIN
REPUBLICAN CENTRAL COMMITTEE O
F IMPERIAL COUNTY
P.O. BOX 2552
EL CENTRO CA 92243

RECEIVED
FEDERAL ELECTION
COMMISSION
JUL 13 9 20 AM '98

2. FEC IDENTIFICATION NUMBER

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

5. Covering Period 04/01/98 through 06/30/98

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 19 98		$ 6,360.98
	(b) Cash on Hand at Beginning of Reporting Period	$ 2,799.18	
	(c) Total Receipts (from Line 19)	$ 1,120.00	$ 4,171.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3,919.18	$ 10,531.98
7.	Total Disbursements (from Line 30)	$ 3,001.08	$ 9,613.88
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 918.10	$ 918.10
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
C. A. Swain

Signature of Treasurer
C A Swain

Date
07/14/98

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)

FE8AN064

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

(revised 1/1/91)

NAME OF COMMITTEE: Rep Central Comm of Imp County

REPORT COVERING PERIOD FROM 04/01/98 TO: 06/30/98

	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)	$500.00	2,720.00	11(a)(i)
ii. Unitemized	320.00	1,131.00	11(a)(ii)
iii. Total (add i and ii) ➤	820.00	3,871.00	11(a)(iii)
b. Political Party Committees	None	None	11(b)
c. Other Political Committees (such as PACs)	None	None	11(c)
d. Total Contributions (add a iii, b and c) ➤	820.00	3,871.00	11(d)
12. Transfers From Affiliated/Other Party Committees	None	None	12
13. All Loans Received	None	None	13
14. Loan Repayments Received	None	None	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	300.00	300.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	None	None	16
17. Other Federal Receipts (Dividends, Interest, etc.)	None	None	17
18. Transfers from Nonfederal Account for Joint Activity	None	None	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,120.00	4,171.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,120.00	4,171.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	None	None	21(a)(i)
ii. Non-Federal Share	2,683.60	2,683.60	21(a)(ii)
b. Other Federal Operating Expenditures	None	6,421.73	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	2,683.60	9,105.33	21(c)
22. Transfers to Affiliated/Other Party Committees	None	None	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	None	None	23
24. Independent Expenditures (use Schedule E)	None	None	24
25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F)	None	None	25
26. Loan Repayments Made	None	None	26
27. Loans Made	None	None	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	None	None	28(a)
b. Political Party Committees	None	None	28(b)
c. Other Political Committees (such as PACs)	None	None	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	None	None	28(d)
29. Other Disbursements	317.48	508.55	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,001.08	9,613.88	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3,001.08	9,613.88	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	None	None	32
33. Total Contribution Refunds (from line 28d)	None	None	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	None	None	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	None	6,612.80	35
36. Offsets to Operating Expenditures (from line 15)	None	None	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	None	none	37

FE8AH064

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21B

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)
Rep Central Comm of Imp County

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
A. Mary M Meria 1371 Vista Verde Dr Holtville, Ca 92250	Hdqt Sec	04/08/98 05/06/98 06/29/98	$300.00 300.00 300.00
B. Gallery Cinema 139 So 7th St El Centro, Ca 92243	Hdqt Rent	04/08/98 05/06/98	$250.00 250.00
C. Pac Bell P O Box 7665 Van Nuys, Ca 91409-7665	Hdqt Phone	04/01/98 05/01/98 05/29/98	$ 72.76 70.16 67.47
D. Imperial Irrigation District P O Box 937 Imperial, Ca 92251	Hdqt Power	04/14/98 05/07/98 06/25/98	50.00 50.00 50.00
E. State Compensation Ins Fond P O Box 7980 San Francisco, Ca 94120-7980	Compensation - Ins	05/07/98	$204.16
F. PIP Printing 825 Main St El Centro, Ca 92243	Office Supplies	04/17/98	274.55
G. Post Master El Centro, Ca 92243	P O Box Rent Bulk Mailing Fee	05/21/98 06/25/98	40.00 85.00
H. IRS Fresno, Ca 93888	Taxes	04/29/98	$ 68.85
I. City of El Centro P O Box 2328 El Centro, Ca 92244-2328	Hdqt Utilities	04/14/98 05/04/98 06/15/98	27.98 22.88 20.33

SUBTOTAL of Disbursements This Page (optional) 2,504.14

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

FEBA/004

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)
Rep Central Comm of Imp County

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Brian Clypool El Centro, Ca 92243	Prize - Youth Contest Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/13/98	$100.00
B. Full Name, Mailing Address and ZIP Code AT&T	Purpose of Disbursement Bdgt Phone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 04/02/98 06/10/98	Amount of Each Disbursement This Period $ 29.57 11.94
C. Full Name, Mailing Address and ZIP Code California Journal 2101 K St., Sacramento, Ca 95816	Purpose of Disbursement 03/01/98-99 Subscription Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 04/17/98	Amount of Each Disbursement This Period $ 37.95
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) $179.46

TOTAL This Period (last page this line number only) $2,683.60

FE6AN004

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Rep Central Comm of Imp County

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C. A. Swain 656 W Main Rd El Centro, Ca 92243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Insurance Broker Aggregate Year-to-Date > $	04/08/98	$100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
M&M W. E. Lehnhardt 2014 Fairway Dr Holtville, Ca 92250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Aggregate Year-to-Date > $	04/08/98	$200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
M&M Earle Sperber 930 Walnut Holtville, Ca 92250 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Farmer Aggregate Year-to-Date > $	05/20/98	$200.00
D. 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 > $		
E. 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 > $		
F. 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 > $		
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) $500.00

TOTAL This Period (last page this line number only) $500.00

FPPC/460B4

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

Rep Central Comm of Imp County

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Worth Golf Resport 2050 Country Club Dr Holrville, Ca 92250	Refund - Overpayment 03/20/98 Dinner	05/20/98	$300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): 0	Occupation Aggregate Year-to-Date $		
B. Full Name, Mailing Address and ZIP Code 0 0 0000	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) $300.00

FE8AND54

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.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7/15/98
☐	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	

DAO
PREPARER

7/19/98
DATE PREPARED

(4/98)