

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 28 11 21 AM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Michigan Credit Union League Legislative Action Fund		2. FEC IDENTIFICATION NUMBER C00139279
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 20800 Civic Center Drive (Mailing: P.O. Box 5040, Southfield, MI 48066)		
CITY, STATE and ZIP CODE Southfield, MI 48076		
3. <input checked="" type="checkbox"/> 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

- 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

5. Covering Period	1/1/97	through	6/30/97	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1997					\$ 17,094.66
(b) Cash on Hand at Beginning of Reporting Period				\$ 17,094.66	
(c) Total Receipts (from Line 18)				\$ 24,095.39	\$ 24,095.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)				\$ 41,190.05	\$ 41,190.05
7. Total Disbursements (from Line 30)				\$ 15,391.44	\$ 15,391.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))				\$ 25,798.61	\$ 25,798.61
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)				\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)				\$ -0-	

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
Lonnie L. Bone

Signature of Treasurer

Lonnie L. Bone

Date

7-15-97

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

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FEC FORM 3X

(revised 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE <u>Michigan Credit Union League Legislative Action Fund</u>	REPORT COVERING PERIOD	
	FROM <u>1/1/97</u>	TO <u>6/30/97</u>
	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)	2,290.00	2,290.00
ii. Unitemized	21,482.27	21,482.27
d. Total	23,772.27	23,772.27
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions	23,772.27	23,772.27
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	323.12	323.12
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts	24,095.39	24,095.39
20. Total Federal Receipts	24,095.39	24,095.39
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	7,166.44	7,166.44
c. Total Operating Expenditures	7,166.44	7,166.44
22. Transfers to Affiliated/Other Party Committees	6,000.00	6,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,225.00	2,225.00
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Total Disbursements	15,391.44	15,391.44
31. Total Federal Disbursements	15,391.44	15,391.44
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	23,772.27	23,772.27
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from line 32)	23,772.27	23,772.27
35. Total Federal Operating Expenditures	7,166.44	7,166.44
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures	7,166.44	7,166.44

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11a1

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)
Michigan Credit Union League Legislative Action Fund

<p>A. Full Name, Mailing Address and ZIP Code Terrence Bigda 7017 Loud Drive. Oscoda, MI</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Northland Area Credit Union</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 2/21/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Patrick Costello, 11975 Scott Rd. Davisburg, MI 48350</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer CUNA Mutual Insurance Company</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 5/30/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code James Dahl 4302 Arlington St. Midland, MI 48642</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Communications Family Credit Union</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 3/31/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Robert Huston 22740 Michigan Ave. Dearborn, MI 48170</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Co-Op Services Credit Union</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 290.00</p>	<p>Date (month, day, year) 2/6/97 2/7/97</p>	<p>Amount of Each Receipt this Period 40.00 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Gary Moody 1022 Longfellow Royal Oak, MI 48067</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Michigan Credit Union League</p> <p>Occupation Senior Director</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 1/10/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Dorothy Nouhan 22300 Wilson Dearborn, MI 48128</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer USA Federal Credit Union</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 2/21/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code David C. Palmer 6563 Deer Ridge Dr. Clarkston, MI 48348</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Flagship Federal Credit Union</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 5/30/97</p>	<p>Amount of Each Receipt this Period 250.00</p>

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

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NAME OF COMMITTEE (in Full)

Michigan Credit Union League Legislative Action Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michigan Services Credit Union P.O. Box 5040 Southfield, MI 48076		1/31/97	46.96
		2/28/97	42.54
	Occupation	3/31/97	47.22
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michigan Services Credit Union P.O. Box 5040 Southfield, MI 48076		4/30/97	59.97
		5/31/97	62.15
	Occupation	6/30/97	64.28
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): interest	Aggregate Year-to-Date > \$ 323.12		
C. 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):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

323.12

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)
Michigan Credit Union League Legislative Action Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Darlene Powell P.O. Box 454 Dowagiac, MI 49047	Dowagiac Area Federal Credit Union	4/10/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Alan Kanfer 3727D 31 Mile Richmond, MI 48062	Belle River Community Credit Union	4/29/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	
C. 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	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	2,290.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)
Michigan Credit Union League Legislative Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michigan Credit Union League Action Fund P.O. Box 5040 Southfield, MI 48076	to pay for expenses which were paid from wrong pac Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) expenses	6/18/97	6,888.65
B. 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
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)

TOTAL This Period (list page this line number only)

6,888.65

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FORM LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

Michigan Credit Union League Legislative Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CULAC (CDD007880) 805 15th St., Ste 300 Washington, DC 20005	contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/29/97 6/18/97	3,000.00 3,000.00
B. 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
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)

TOTAL This Period (last page this line number only)

6,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
Michigan Credit Union League Legislative Action Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Dingell 13912 Michigan Ave. Dearborn, MI 48126	contribution	4/23/97	350.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/27/97	35.00
B. Full Name, Mailing Address and ZIP Code David Bonior 237 S. Gratiot Mt. Clemens, MI 48043	contribution	5/27/97	250.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Dale Kildee P.O. Box 43220 Pontiac, MI 48343	contribution	5/27/97	300.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Carolyn Kilpatrick 3026 E. Grand Blvd. Detroit, MI 48202	contribution	6/27/97	750.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Debbie Stabenow P.O. Box 4945 East Lansing, MI 48824	contribution	4/8/97 4/23/97	200.00 200.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code Jim Barcia P.O. Box 1243 Bay City, MI 48706	contribution	5/27/97	140.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2,225.00

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

7-28-97

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

MAP
PREPARER

7-28-97
DATE PREPARED