

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAIL IN
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)		FEDERAL ELECTION COMMISSION MAIL ROOM	
C00008169	060498	P	263
LINDA BOLTON ACTION COMMITTEE FOR RURAL ELE CTRIFICATION/MISSOURI COOPERAT 2722 EAST MCCARTY JEFFERSON CITY		MO 65101	
2. FEC IDENTIFICATION NUMBER		C00008169 DEC 21 11 15 AM '98	
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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> 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	4/1/98 through 6/30/98		
6. (a) Cash on Hand January 1, 1998			\$ 12,717.05
(b) Cash on Hand at Beginning of Reporting Period		\$ 11,630.92	
(c) Total Receipts (from Line 19)		\$ 10,761.67	\$ 11,695.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 22,392.59	\$ 24,412.94
7. Total Disbursements (from Line 20)		\$ 102.00	\$ 2,122.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 22,290.59	\$ 22,290.59
9. Debt and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	
10. Debt and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		For further information contact: Federal Election Commission 900 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100	

Type or Print Name of Treasurer

Linda Bolton, TREASURER

Signature of Treasurer

Linda Bolton

Date

12/14/98

NOTE: Submission of false, inaccurate, 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 1/1/91)

NAME OF COMMITTEE Action Committee for Rural
Electrification/Missouri Electric Cooperatives

REPORT COVERING PERIOD

FROM 4/1/98 TO 6/30/98

I. Receipts

17. Contributions (other than loans) From:

a. Individual/Persons Other Than Political Committees

i. Itemized (use Schedule A)

ii. Unitemized

iii. Total (add i and ii) >

b. Political Party Committees

c. Other Political Committees (such as PACs)

d. Total Contributions (add a i, b and c) >

12. Transfers From Affiliated/Other Party Committees

13. All Loans Received

14. Loan Repayments Received

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees

17. Other Federal Receipts (Dividends, Interest, etc.)

18. Transfers from Nonfederal Account for Joint Activity

19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >

20. Total Federal Receipts (subtract line 18 from line 19) >

II. Disbursements

21. Operating Expenditures:

a. Shared Federal/Non-Federal Activity (from Schedule H4)

i. Federal Share

ii. Non-Federal Share

b. Other Federal Operating Expenditures

c. Total Operating Expenditures (add a i, a ii, and b) >

22. Transfers to Affiliated/Other Party Committees

23. Contributions to Federal Candidates/Committees and Other Political Committees

24. Independent Expenditures (use Schedule E)

25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)

26. Loan Repayments Made

27. Loans Made

28. Refunds of Contributions To:

a. Individual/Persons Other Than Political Committees

b. Political Party Committees

c. Other Political Committees (such as PACs)

d. Total Contribution Refunds (add a, b and c) >

29. Other Disbursements

30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >

31. Total Federal Disbursements (subtract line 21 a ii from line 30) >

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from line 11d)

33. Total Contribution Refunds (from line 28d)

34. Net Contributions (other than loans) (subtract line 33 from 32)

35. Total Federal Operating Expenditures (add 21 a i and 21 b) >

36. Offsets to Operating Expenditures (from line 15)

37. Net Operating Expenditures (subtract line 36 from 35) >

SCHEDULE A

ITEMIZED RECEIPTS

**** AMENDED PAGE ****

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

PAGE 1 OF 1
FOR LINE NUMBER 12

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)

✓ Action Committee for Rural Electrification/Missouri Electric Cooperatives

A. Full Name, Mailing Address and ZIP Code Action Committee for Rural Electrification 4301 Wilson Blvd. Arlington, VA 22203-1806 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Membership Refund Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6/4/98	Amount of Each Receipt this Period \$10,609.50
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)

\$10,609.50

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 17

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)

Action Committee for Rural Electrification/Missouri Electric Cooperatives

A. Full Name, Mailing Address and ZIP Code Mo Elec. Co-ops Credit Union 2722 E. McCarty Jefferson City, MO 65101	Name of Employer Dividend Occupation	Date (month, day, year) 4/30/98	Amount of Each Receipt this Period \$ 40.55
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code MO Elec. Co-ops Credit Union 2722 E. McCarty Jefferson City, MO 65101	Name of Employer Dividend Occupation	Date (month, day, year) 5/31/98	Amount of Each Receipt this Period \$ 40.37
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code MO Elec. Co-ops Credit Union 2722 E. McCarty Jefferson City, MO 65101	Name of Employer Dividend Occupation	Date (month, day, year) 6/30/98	Amount of Each Receipt this Period \$ 71.25
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 Occupation	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 Occupation	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 Occupation	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 Occupation	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)

\$ 152.17

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER
21b

ny 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)

Action Committee for Rural Electrification/Missouri Electric Cooperatives

A. Full Name, Mailing Address and ZIP Code Postmaster	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4/13/98	Amount of Each Disbursement This Period \$ 38.00
B. Full Name, Mailing Address and ZIP Code Postmaster	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/15/98	Amount of Each Disbursement This Period \$ 64.00
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)

\$102.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12-15-98
<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 and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	12-21-98 DATE PREPARED