



OUTDOOR AMUSEMENT BUSINESS ASSOCIATION, INC.



4600 WEST 77TH STREET
MINNEAPOLIS,
MINNESOTA 55435
1-800-517-OABA
(612) 831-4643
Fax: (612) 831-4642
E-Mail: oaba@aol.com
www.oaba.org

JUL 6 1 06 PM '98

June 30, 1998

OFFICERS

Buddy Merten
President
Sam Johnston
1st Vice President
Jeffrey Blomness
2nd Vice President
Timothy F. Bors
3rd Vice President
Jackie Swika
Treasurer
Robert W. Johnson
Executive Director

DIRECTORS

Eric Bates
Steve Broetsky
Alan Cockelham
Robert Commerford
Dan Deggeler
Tony Diaz, Jr.
Danny Huston
Jack Keough
Guy Leavitt
Bill Lowery
Harry Mason
Stan Minker
Claire Morton
Dawn Murphy
David Norton
Gary Otterbacher
Charles Pangoak
David Smith
James Strates
Morris Vivona
Mike Williams

PAST PRESIDENTS

Richard Janas - 1997
Jean Clair - 1996
James Murphy - 1995
Dominic Vivona - 1994
Bill Dillard, Sr. - 1993
Tom Atkins - 1992
Reed Wood - 1991
Billy Burr - 1990
Bob Coleman, Sr. - 1989
M.H. Kaufman - 1988
Andy Andersen - 1987
John Vivona - 1986
Mike Farino - 1985
James H. Drew III - 1984
Gerald L. Murphy - 1983
John Campi - 1982
*Butler L. Brown - 1981
Hub Luehrs - 1980
Lloyd Hillgoss - 1979
*Hal F. Eifort - 1978
Alfred H. Kunz - 1977
P.E. Ralthoffer, Jr. - 1976
Barry P. Thomas - 1975
E. James Strates - 1974
* Rod Link - 1973
C.J. Sedlmayr - 1972
*John Portemont - 1971
*William T. Collins - 1966-70
W.G. Wade - 1965
*Deceased

Andrea Wilkens
Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Dear Ms. Wilkens:

The amended April 15, 1998 quarterly report is enclosed. Per our conversation today we have adjusted the disbursements from the Schedule H4 to the Schedule B. Also, we want to inform you that our previous treasurer, Timothy F. Bors, has passed away and we now want all our mail to be directed to Robert W. Johnson, the present treasurer. Thank you very much.

Please take note that our federal ID number is 41-1236025. It was changed some time ago on the recommendation of our CPA.

Sincerely,

Robert W. Johnson
Treasurer

RWJ:je

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 6 1 06 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER 41-1236025
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 4600 W 77TH ST		
CITY, STATE and ZIP CODE MINNEAPOLIS MN 55435		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 141)		

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	1/1/98 through 3/31/98		
6. (a) Cash on Hand January 1, 19 98			\$ 134,343.00
(b) Cash on Hand at Beginning of Reporting Period		\$ 134,343.00	
(c) Total Receipts (from Line 19)		\$ 2,903.51	\$ 2,903.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 137,346.51	\$ 137,246.51
7. Total Disbursements (from Line 30)		\$ 18,142.00	\$ 18,142.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 119,104.51	\$ 119,104.51
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 988 E Street NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts 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.

Type or Print Name of Treasurer: *Robert W. Johnson*

Signature of Treasurer: *Robert W. Johnson* Date: *6/30/98*

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Outdoor Amusement Business Association Inc. PAC	REPORT COVERING PERIOD FROM 1/1/98 TO 3/31/98	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	500.00	500.00
ii. Unitemized		
iii. Total (add i and ii) >	500.00	500.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	500.00	500.00
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.)	2,403.51	2,403.51
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11c, 12, 13, 14, 15, 16, 17, and 18) >	2,903.51	2,903.51
20. Total Federal Receipts (subtract line 18 from line 19) >	2,903.51	2,903.51
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	3,142.00	3,142.00
b. Other Federal Operating Expenditures	3,142.00	3,142.00
c. Total Operating Expenditures (add a i, a ii, and b) >	3,142.00	3,142.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	15,000.00	15,000.00
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) >	18,142.00	18,142.00
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	18,142.00	18,142.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	500.00	500.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	500.00	500.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	3,142.00	3,142.00
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >	3,142.00	3,142.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
FOR LINE NUMBER

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)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
IRS c/o Norwest Bank Bloomington 7900 Kerxes Ave. S. Bloomington, MN 55431	1120-POL federal tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/98	\$2,428.00
MN Dept. of Revenue Mail Station 1257 St. Paul, MN 55146-1257	MN franchise tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/98	\$ 714.00
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) \$3,142.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Outdoor Amusement Business Association Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pruitt Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Florida Democratic Party c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	1,500.00
Starks Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
C.H. Bronson Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Thomas Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Bargrett Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
McKay Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Ostalkiewicz Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Dudley Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00

SUBTOTAL of Disbursements This Page (optional)

5,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Outdoor Amusement Business Association Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Bronson Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
J. Ziebarth Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
K. Byrd Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
L. Fuller Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
M. Harrington Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
N. Smith Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
O. Pratt Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
P. Constantine Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Q. Garcia Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00

SUBTOTAL of Disbursements This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Outdoor Amusement Business Association Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sullivan Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Williams Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Crist Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Bob Crawford Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Jeff Stabins Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Rick Minton Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Doug Wiles Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Debbie Horan Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/20/98	500.00
Sandy Moratham c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/98	500.00

SUBTOTAL of Disbursements This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
FOA LINE NUMBER.

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NAME OF COMMITTEE (in Full)

Outdoor Amusement Business Association Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brogen Campaign c/o Graham & Moody 101 North Gadsden St. Tallahassee FL 32301	campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	3/30/98	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

18,142.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
Outdoor Amusement Business Association Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code S.K. Fernandez Royal Hawaiian Showmen's Club 91-246 Oihana Ewa Beach, HI 96707	Name of Employer self	Date (month, day, year) 2/18/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Festival owner	
		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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <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)	500.00
TOTAL This Period (last page this line number only)	500.00

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 6-30-98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
<i>SEP</i> PREPARER	7-7-98 DATE PREPARED