

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)
Robinson & Cole Federal Political Action Committee

ADDRESS (number and street) Check if different than previously reported
280 Trumbull Street, One Commercial Plaza

CITY, STATE and ZIP CODE
Hartford, CT 06103-3597

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

DEC 6 2 32 PM '98

2. FEC IDENTIFICATION NUMBER
C00341321

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 11/3/98 in the State of Connecticut

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/15/98</u> through <u>11/23/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 0
(b) Cash on Hand at Beginning of Reporting Period	\$ 0	
(c) Total Receipts (from Line 18)	\$ 3,130	\$ 3,130
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3,130	\$ 3,130
7. Total Disbursements (from Line 30)	\$ 2,000	\$ 2,000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1,130	\$ 1,130
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
10. Debts and Obligations Owed BY 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 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 S. Frank D'Ercole

Signature of Treasurer
S. Frank D'Ercole

Date
12/03/98

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

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FEC FORM 3X
(revised 9/83)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(Revised 1/1/91)

NAME OF COMMITTEE
Robinson & Cole Federal Political Action Comm.

REPORT COVERING PERIOD
FROM 10/15/98 TO 11/23/98

Receipts

	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	3,130	3,130	11(a)
i. Itemized (use Schedule A)	0	0	11(a)(i)
ii. Unitemized	0	0	11(a)(ii)
iii. Total (add i and ii) >	3,130	3,130	11(b)
b. Political Party Committees	0	0	11(c)
c. Other Political Committees (such as PACs)	0	0	11(d)
d. Total Contributions (add a ii, b and c) >	3,130	3,130	12
12. Transfers From Affiliated/Other Party Committees	0	0	13
13. All Loans Received	0	0	14
14. Loan Repayments Received	0	0	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	18
18. Transfers from Nonfederal Accounts for Joint Activity	0	0	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,130	3,130	20
20. Total Federal Receipts (subtract line 18 from line 19) >	3,130	3,130	

Disbursements

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0	0	21(a)
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0	0	22
22. Transfers to Affiliated/Other Party Committees	2,000	2,000	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	24
24. Independent Expenditures (use Schedule E)	0	0	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	26
26. Loan Repayments Made	0	0	27
27. Loans Made	0	0	
28. Refunds of Contributions To:	0	0	28(a)
a. Individual/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) >	0	0	29
29. Other Disbursements	2,000	2,000	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,000	2,000	31
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	2,000	2,000	

Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from line 11d)	3,130	3,130	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	3,130	3,130	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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)

Robinson & Cole Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SEE ATTACHED SHEET	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	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	Occupation		
Other (specify):	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	Occupation		
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	Occupation		
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	Occupation		
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	Occupation		
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	Occupation		
Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

Robinson & Cole Federal Political Action Committee

RECEIPTS
10/15/98 - 11/23/98

Page 1 of 7
Schedule A

<u>Name & Address</u>	<u>Employer Occupation Total this period Aggregate Y.T.D.</u>	<u>Date (month, day, year)</u>	<u>Amount of Each Receipt this period</u>
Bruce Barth 9 Brownleigh Road West Hartford, CT 06117	Employer: Robinson & Cole Occupation: Attorney Total this period: \$40 Aggregate Y.T.D.: \$40	10/20/98 11/20/98	\$20 \$20
David Bogan 17 Foran Rd. Milford, CT 06460	Employer: Robinson & Cole Occupation: Attorney This period: \$100 Aggregate Y.T.D.: \$100	10/20/98 11/20/98	\$50 \$50
Gordon H. Buck 20 Moseley Terrace Glastonbury, CT 06033	Employer: Robinson & Cole Occupation: Attorney This period: \$50 Aggregate Y.T.D.: \$50	10/20/98 11/20/98	\$25 \$25
Larry P. Coassin 20 Moseley Terrace Hamden, CT 06518	Employer: Robinson & Cole Occupation: Attorney This period: \$200 Aggregate Y.T.D.: \$200	10/20/98 11/20/98	\$100 \$100
Frank Coulom, Jr. 70 Irene Drive Vernon, CT 06066	Employer: Robinson & Cole Occupation: Attorney This period: \$100 Aggregate Y.T.D.: \$100	10/20/98 11/20/98	\$50 \$50
Eric D. Daniels 112 Quail Run Glastonbury, CT 06033	Employer: Robinson & Cole Occupation: Attorney This period: \$35 Aggregate Y.T.D.: \$35	10/20/98	\$35

SUBTOTAL of Receipts This Page: \$525

Robinson & Cole Federal Political Action Committee

RECEIPTS
10/15/98 - 11/23/98

Page 2 of 7
Schedule A

<u>Name & Address</u>	<u>Employer Occupation Total this period Aggregate Y.T.D.</u>	<u>Date (month, day, year)</u>	<u>Amount Rec'd This Period (by check)</u>
S. Frank D'Ercole 26 Highridge Rd. West Simsbury, CT 06092	Employer: Robinson & Cole Occupation: Attorney This period: \$100 Aggregate Y.T.D.: \$100	10/20/98 11/20/98	\$50 \$50
Chris Foster 92 Dudley Road Wayland, MA 01778	Employer: Robinson & Cole Occupation: Attorney This period: \$50 Aggregate Y.T.D.: \$50	10/20/98 11/20/98	\$25 \$25
David Garbus 321 Upland Avenue Newton Highlands, MA 02161	Employer: Robinson & Cole Occupation: Attorney This period: \$25 Aggregate Y.T.D.: \$25	10/20/98	\$25
Stephen E. Goldman 11 Greenridge Lane West Hartford, CT 06107	Employer: Robinson & Cole Occupation: Attorney This period: \$50 Aggregate Y.T.D.: \$50	10/20/98	\$50
J.C. David Hadden 10 Talcott Mountain Rd. Simsbury, CT 06070	Employer: Robinson & Cole Occupation: Attorney This period: \$50 Aggregate Y.T.D.: \$50	10/20/98	\$50
Lawrence P. Heffernan 36 Aletha Road Needham, MA 02192	Employer: Robinson & Cole Occupation: Attorney This period: \$40 Aggregate Y.T.D.: \$40	10/20/98 11/20/98	\$20 \$20
Edward F. Hennessey 431 Wolcott Hill Road Wethersfield, CT 06109	Employer: Robinson & Cole Occupation: Attorney This period: \$100 Aggregate Y.T.D.: \$100	10/20/98 11/20/98	\$50 \$50

SUBTOTAL of Receipts This Page: \$415

Robinson & Cole Federal Political Action Committee

RECEIPTS

10/15/98 - 11/23/98

Page 3 of 7
Schedule A

<u>Name & Address</u>	<u>Employer Occupation Total this period Aggregate Y.T.D.</u>	<u>Date (month, day, year)</u>	<u>Amount Rec'd This Period (by check)</u>
Edward S. Hill 251 Greenwood Drive Cheshire, CT 06410	Employer: Robinson & Cole Occupation: Attorney This period: \$30 Aggregate Y.T.D.: \$30	10/20/98 11/20/98	\$15 \$15
Brian P. Horan 26 Thomson Road West Hartford, CT 06107	Employer: Robinson & Cole Occupation: Attorney This period: \$25 Aggregate Y.T.D.: \$25	10/20/98	\$25
Robert A. Izard, Jr. 15 Sunfield Lane West Hartford, CT 06107	Employer: Robinson & Cole Occupation: Attorney This period: \$20 Aggregate Y.T.D.: \$20	10/20/98 11/20/98	\$10 \$10
E. Christopher Kehoe 80 Elm Street Hingham, MA 02043	Employer: Robinson & Cole Occupation: Attorney This period: \$50 Aggregate Y.T.D.: \$50	10/20/98 11/20/98	\$25 \$25
Jack S. Kennedy 14 Bainbridge Road West Hartford, CT 06119	Employer: Robinson & Cole Occupation: Attorney This period: \$200 Aggregate Y.T.D.: \$200	10/20/98 11/20/98	\$100 \$100
David A. Kulle 15 Oxford Court Simsbury, CT 06070	Employer: Robinson & Cole Occupation: Attorney This period: \$50 Aggregate Y.T.D.: \$50	10/20/98	\$50

SUBTOTAL of Receipts This Page: \$375

Robinson & Cole Federal Political Action Committee

RECEIPTS

10/15/98 - 11/23/98

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Schedule A

<u>Name & Address</u>	<u>Employer Occupation Total this period Aggregate Y.T.D.</u>	<u>Date (month, day, year)</u>	<u>Amount Rec'd This Period (by check)</u>
Gregory J. Ligelis 74 W. Churchill Road Washington, CT 06793	Employer: Robinson & Cole Occupation: Attorney This period: \$10 Aggregate Y.T.D.: \$10	10/20/98	\$10
Eric Lukingbeal 168 Day St. Granby, CT 06035	Employer: Robinson & Cole Occupation: Attorney This period: \$100 Aggregate Y.T.D.: \$100	10/20/98 11/20/98	\$50 \$50
John B. Lynch, Jr. 15 Clove Hill Wethersfield, CT 06109	Employer: Robinson & Cole Occupation: Attorney This period: \$100 Aggregate Y.T.D.: \$100	10/20/98 11/20/98	\$50 \$50
Linda J. McDowell 35 Old Farms Andover, CT 06232	Employer: Robinson & Cole Occupation: Attorney This period: \$50 Aggregate Y.T.D.: \$50	10/20/98 11/20/98	\$25 \$25
Dwight H. Merriam The Linden Bldg., #410 One Linden Place Hartford, CT 06106	Employer: Robinson & Cole Occupation: Attorney This period: \$110 Aggregate Y.T.D.: \$110	10/20/98 11/20/98	\$55 \$55
David Panico 400 Flanders St. Southington, CT 06489	Employer: Robinson & Cole Occupation: Attorney This period: \$40 Aggregate Y.T.D.: \$40	10/20/98 11/20/98	\$20 \$20

SUBTOTAL of Receipts This Page: \$410

Robinson & Cole Federal Political Action Committee

RECEIPTS

10/15/98 - 11/23/98

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Schedule A

<u>Name & Address</u>	<u>Employer Occupation Total this period Aggregate Y.T.D.</u>	<u>Date (month, day, year)</u>	<u>Amount Rec'd This Period (by check)</u>
Earl Phillips P.O. Box #265 Middle Haddam, CT 06456	Employer: Robinson & Cole Occupation: Attorney This period: \$20 Aggregate Y.T.D.: \$20	10/20/98 11/20/98	\$10 \$10
Emanuel N. Psakakis 28 Beldenwood Road Simsbury, CT 06070	Employer: Robinson & Cole Occupation: Attorney This period: \$50 Aggregate Y.T.D.: \$50	10/20/98 11/20/98	\$25 \$25
Craig A. Raabe 53 Dogwood Lane Glastonbury, CT 06033	Employer: Robinson & Cole Occupation: Attorney This period: \$160 Aggregate Y.T.D.: \$160	10/20/98 11/20/98	\$60 \$80
Barclay Robinson, Jr. 847 Prospect Ave. West Hartford, CT 06105	Employer: Robinson & Cole Occupation: Attorney This period: \$25 Aggregate Y.T.D.: \$25	10/20/98	\$25
Donald Lee Rome 46 Belknap Road West Hartford, CT 06117	Employer: Robinson & Cole Occupation: Attorney This period: \$20 Aggregate Y.T.D.: \$20	10/15/98 11/15/98	\$10 \$10
David T. Ryan 126 Westerty Terrace Hartford, CT 06105	Employer: Robinson & Cole Occupation: Attorney This period: \$100 Aggregate Y.T.D.: \$100	10/20/98 11/20/98	\$50 \$50
Edward J. Samorajczyk, Jr. 28 Thomas St. West Hartford, CT 06119	Employer: Robinson & Cole Occupation: Attorney This period: \$20 Aggregate Y.T.D.: \$20	10/20/98	\$20

SUBTOTAL of Receipts This Page: \$395

Robinson & Cole Federal Political Action Committee

RECEIPTS
10/15/98 - 11/23/98

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Schedule A

<u>Name & Address</u>	<u>Employer</u> <u>Occupation</u> <u>Total this period</u> <u>Aggregate Y.T.D.</u>	<u>Date</u> <u>(month,</u> <u>day, year)</u>	<u>Amount Rec'd</u> <u>This Period</u> <u>(by check)</u>
Gleann Santoro 36 Noel Lane Forestville, CT 06010	Employer: Robinson & Cole Occupation: Attorney This period: \$40 Aggregate Y.T.D.: \$40	10/20/98 11/20/98	\$20 \$20
William T. Sella 11 Stratford Rd. West Hartford, CT 06033	Employer: Robinson & Cole Occupation: Attorney This period: \$50 Aggregate Y.T.D.: \$50	10/20/98	\$50
Richard Shechtman 3 Spyglass Dr. Avon, CT 06001	Employer: Robinson & Cole Occupation: Attorney This period: \$50 Aggregate Y.T.D.: \$50	10/20/98	\$50
Brian Smith 212 Sunset Dr. Glastonbury, CT 06033	Employer: Robinson & Cole Occupation: Attorney This period: \$100 Aggregate Y.T.D.: \$100	10/20/98 11/20/98	\$50 \$50
George Smith 6 Platt Lane Glastonbury, CT 06033	Employer: Robinson & Cole Occupation: Attorney This period: \$100 Aggregate Y.T.D.: \$100	10/20/98 11/20/98	\$50 \$50
Robert H. Smith, Jr. 39 Scarborough St. Hartford, CT 06105	Employer: Robinson & Cole Occupation: Attorney This period: \$100 Aggregate Y.T.D.: \$100	10/20/98 11/20/98	\$50 \$50
Alan R. Spier 111 Whapley Rd. Glastonbury, CT 06033	Employer: Robinson & Cole Occupation: Attorney This period: \$100 Aggregate Y.T.D.: \$100	10/20/98 11/20/98	\$50 \$50

SUBTOTAL of Receipts This Page: \$540

Robinson & Cole Federal Political Action Committee

RECEIPTS
10/15/98 - 11/23/98

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Schedule A

<u>Name & Address</u>	<u>Employer</u> <u>Occupation</u> <u>Total this period</u> <u>Aggregate Y.T.D.</u>	<u>Date</u> <u>(month,</u> <u>day, year)</u>	<u>Amount Rec'd</u> <u>This Period</u> <u>(by check)</u>
John O. Tannenbaum 62 Brewster Road West Hartford, CT 06117	Employer: Robinson & Cole Occupation: Attorney This period: \$40 Aggregate Y.T.D.: \$40	10/20/98	\$40
Richard Tomco 715 Goodale Hill Rd Glastonbury, CT 06703	Employer: Robinson & Cole Occupation: Attorney This period: \$100 Aggregate Y.T.D.: \$100	10/20/98 11/20/98	\$50 \$50
Theodore J. Tucci 84 Westerly Terrace Hartford, CT 06033	Employer: Robinson & Cole Occupation: Attorney This period: \$80 Aggregate Y.T.D.: \$80	10/20/98 11/20/98	\$40 \$40
James A. Wade 39 Pinnacle Mountain Rd. Simsbury, CT 06070	Employer: Robinson & Cole Occupation: Attorney This period: \$250 Aggregate Y.T.D.: \$250	10/20/98 11/20/98	\$125 \$125

SUBTOTAL of Receipts This Page: \$470

TOTAL This Period: \$3,130

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

Robinson & Cole Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Larson for Congress 29 Roff Circle Glastonbury, CT 06033	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>chk#1001</u>	10/22/98	\$1,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capuano for Congress 219 Elm Street Somerville, MA 02144	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>chk# 1002</u>	11/23/98	\$1,000
C. 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)		
D. 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)		
E. 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)		
F. 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)		
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)

\$2,000

TOTAL This Period (last page this line number only)

\$2,000

SCHEDULE C
(Revised 3/80)

LOANS

Page _____ of _____ for
LINE NUMBER _____
Use separate schedules
for each numbered line

Name of Committee (In Full)			
A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional) _____

TOTALS This Period (last page in this line only) _____

Carry outstanding balance only to LINE 1, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL)		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?
 No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER		DATE
TYPED NAME	SIGNATURE	

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

i. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

ii. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

iii. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE		TITLE	DATE
TYPED NAME	SIGNATURE		

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page _____ of _____ for
LINE NUMBER _____
(Use separate schedules
for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for instructions)

Name of Committee (in Full)				
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ _____	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ _____	
(c) TOTAL Independent Expenditures			\$ _____	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing, dissemination, distribution, or publication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19____

My Commission expires: _____

NOTARY PUBLIC

Signature _____

Date _____

SCHEDULE F

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

Page ___ of ___ for
LINE NUMBER ___

(To be used only by Political Committees in the General Election)

Name of Political Committee (In Full)				
Has your Committee been designated to make coordinated expenditures by a political party committee? If YES, name the designating committee:				<input type="checkbox"/> YES <input type="checkbox"/> NO
Full Name, Mailing Address and ZIP Code of Subordinate Committee				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)				

**METHOD OF ALLOCATION FOR SHARED FEDERAL
AND NON-FEDERAL ADMINISTRATIVE EXPENSES
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %
 PRESIDENTIAL YEAR (65%)
 ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) %
 OR
 FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %
 ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

	NUMBER OF POINTS
1. PRESIDENT <input type="checkbox"/> (1 POINT)	<input type="text"/>
2. U.S. SENATE <input type="checkbox"/> (1 POINT)	<input type="text"/>
3. U.S. CONGRESS <input type="checkbox"/> (1 POINT)	<input type="text"/>
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)	<input type="text"/>
5. GOVERNOR <input type="checkbox"/> (1 POINT)	<input type="text"/>
6. OTHER STATEWIDE OFFICE(S) <input type="checkbox"/> (1 OR 2 POINTS)	<input type="text"/>
7. STATE SENATE <input type="checkbox"/> (1 POINT)	<input type="text"/>
8. STATE REPRESENTATIVE <input type="checkbox"/> (1 POINT)	<input type="text"/>
9. LOCAL CANDIDATES <input type="checkbox"/> (1 OR 2 POINTS)	<input type="text"/>
10. EXTRA NON-FEDERAL POINT <input type="checkbox"/> (1 POINT)	<input type="text"/>
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)	<input type="text"/>
12. TOTAL POINTS (LINE 4 PLUS LINE 11)	<input type="text"/>

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 %

ALLOCATION RATIOS

NAME OF COMMITTEE

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %

TRANSFERS FROM
 NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE	TOTAL AMOUNT TRANSFERRED
-------------------	--------------------------

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
ii) Total Administrative/Voter Drive				
iii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iv) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
SUBTOTAL THIS PAGE			
TOTAL THIS PERIOD			

JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE

NAME OF COMMITTEE

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ _____ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (list page for each line only)(Fed. share to 21 a. i and non-Fed. share to 21 a. ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

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 <i>12/3/98</i>
<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>[Signature]</i> PREPARER	<i>12/6/98</i> DATE PREPARED