

# 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) <div style="font-size: 1.5em; font-family: cursive;">Clean Up Congress</div>	2. FEC IDENTIFICATION NUMBER <div style="font-size: 1.2em;">C00245456</div>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <div style="font-size: 1.2em; font-family: cursive;">1101 W. Highland St. Fifth Floor</div>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <div style="font-size: 1.2em; font-family: cursive;">Arlington, VA 22201</div>	

## 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  |

- 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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>11/29/94</u> through <u>12/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 10,438.19
(b) Cash on Hand at Beginning of Reporting Period	\$ <11,781.15>	
(c) Total Receipts (from Line 19)	\$ 7,226.78	\$ 415,165.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <4,554.37>	\$ 426,104.06
7. Total Disbursements (from Line 30)	\$ 4,653.66	\$ 435,312.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <9,208.34>	\$ <9,207.94>
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 20489 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)	\$ 837.72	

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 <div style="font-size: 1.2em; font-family: cursive;">Abner L. Holten</div>	Date <div style="font-size: 1.2em; font-family: cursive;">1/25/95</div>
Signature of Treasurer <div style="font-size: 1.5em; font-family: cursive;">Abner L. Holten</div>	

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

95039720240

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Clean Up Congress		FROM 11-27-99	TO 12/31/99
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		14,138.21	29,116.26
ii. Unitemized		7812.86	356,483.75
iii. Total (add i and ii) >		22,226.78	385,600.01
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	15,000
d. Total Contributions (add a, b, and c) >		22,226.78	400,600.01
12. Transfers From Affiliated/Other Party Committees		0	0
13. All Loans Received		0	1837.72
14. Loan Repayments Received		0	195.54
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		5,000	13,032.60
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0	0
17. Other Federal Receipts (Dividends, Interest, etc.)		0	0
18. Transfers from Nonfederal Account for Joint Activity		0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		27,226.78	415,665.87
20. Total Federal Receipts (subtract line 18 from line 19) >		27,226.78	415,665.87
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		0	0
i. Federal Share		0	0
ii. Non-Federal Share		1,664.80	65,089.12
b. Other Federal Operating Expenditures		1,664.80	65,089.12
c. Total Operating Expenditures (add a, b, and c) >		3,329.60	130,178.24
22. Transfers to Affiliated/Other Party Committees		0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees		0	0
24. Independent Expenditures (use Schedule E)		1,988.86	367,840.67
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0	0
26. Loan Repayments Made		1,000	2,382.21
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 (add a, b and c) >		0	0
29. Other Disbursements		0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		4,653.66	435,312.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		4,653.66	435,312.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		22,226.78	400,600.01
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans) (subtract line 33 from line 32)		22,226.78	400,600.01
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		1,664.80	65,089.12
36. Offsets to Operating Expenditures (from line 15)		5,000	13,032.60
37. Net Operating Expenditures (subtract line 36 from line 35) >		<3,335.20>	52,056.52

9503902041

SCHEDULE A

ITEMIZED RECEIPTS

From Individuals

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

PAGE 1 OF 1

FOR LINE NUMBER

11/61

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)

Clean Up Congress

95039620242

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mardie Reese 1040 Bellview Pl McLean, VA 22101	homemaker	12-6-94	\$656.91 (in-kind)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	> \$ 7,751.91	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Matt Reese 1040 Bellview Pl. McLean, VA 22101	retired	12-6-94	\$656.91 (in-kind)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	> \$ 4,824.91	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilson-Gardner Partnership 3240 Wilson Blvd Arlington, VA 22201		Nov 10 '94 to Dec 31 '94	\$100 (in-kind)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	> \$ 850	
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)

\$1,413.82

TOTAL This Period (last page this line number only)

\$1,413.82

Set... amounts reflect the fact that Mardie was 709 full-time (cleaner & maintenance)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 15

Itemized Offsets to Operating Expenditures

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 committees.

NAME OF COMMITTEE (in Full)

Clean Up Congress

9503243

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U.S. West P.O. Box 1301 Minneapolis, MN 55483	-	12/29/94 (att. date)	123.34 VOID CHECK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Offset	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Ameritech 4075 Bay Rd. Saginaw, MI 48663	-	11/14/94 (check date)	451.76 VOID CHECK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Offset	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code Books, Strings & Things 222 Market Sq. Roanoke, VA 24061	-	Dec '94	\$375 card sales
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 Olsson's Books & Records 106 S Union St. Alexandria, VA	-	Dec '94	\$960 card sales
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 Bob C. Dr. Frankland Rd. 2507 N. Arlington, VA 22201	-	Dec '94	217.50 card sales
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 Purple Mash 810 Lyndon St. Fredericksburg, VA 22401	-	Dec '94	407.95 card sales
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 Coyote 1485 W. Main St. Charlottesville, VA 22903	-	Dec '94	434.50 card sales
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)	2894.95

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

*Operating Expenses*

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

PAGE 1 OF 1  
FOR LINE NUMBER 21(2)

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NAME OF COMMITTEE (in Full)

*Clean Up Congress*

95034120244

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>ASAP 301A Clarendon Blvd. Arlington, VA 22201</i>	<i>Copy FEC report</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>op</i>	<i>12/21/94</i>	<i>7.98</i>
<i>USPS - Postal Service Washington, D.C.</i>	<i>mail FEC report</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>12/8/94</i>	<i>6.03</i>
<i><del>John Patton</del> M.C.I. P.O. Box 1460 Louisville, KY 40202</i>	<i>long distance</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>op</i>	<i>1/1/95</i> <i>1/1/95</i>	<i>218.82</i> <i>6.09</i>
<i>Staples P.O. Box Columbus, OH 43218</i>	<i>Supplies</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>op</i>	<i>1/23/95</i>	<i>2.06</i>
<i>Metropolitan Bank 2930 Wilson Blvd Arlington, VA 22201</i>	<i>banked deb fee</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>12/13/94</i>	<i>\$10.00</i>
<i>Wilson (Landscaping Partnership) 3240 Wilson Blvd Arlington, VA 22201</i>	<i>rent (in-kind contrib)</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>op</i>	<i>Nov 10 - Dec 31 1994</i>	<i>\$92.00 (in-kind)</i>
<i>Martha Reese 1044 Bellview Pl. McLean, VA 22102</i>	<i>Fundraising Clean up, Election Night Party, etc.</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>op</i>	<i>12-6-94</i>	<i>\$656.91 (in-kind)</i>
<i>Matt Reese 1044 Bellview Pl. McLean, VA 22102</i>	<i>Fundraising Clean up, Election Night Party, etc.</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>op</i>	<i>12-6-94</i>	<i>\$656.91 (in-kind)</i>
<i>I. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>

SUBTOTAL of Disbursements This Page (optional)

*\$1,664.80*

TOTAL This Period (last page this line number only)

*\$1,664.80*

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

*Loans Repaid*

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

PAGE 21 OF 1  
FOR LINE NUMBER 26

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) *Clean Up Congress*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Dischod, Richard, Postach 1101 N. Highland, 5th floor Arlington, VA 22201</i>	<i>repay loan</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>12/1/99</i>	<i>1,000</i>
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

95039020245

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<i>1,000</i>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE C**  
(Revised 3/80)

**LOANS** *Owed by the Committee*

Name of Committee (in Full)					<i>Clean Up Congress</i>				
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				
<i>Discharged <del>Robert</del> Records, Percheville 1101 W. Highland, 5th Floor Arlington, VA 22201</i>			<i>1,000</i>	<i>1,000</i>	<i>0</i>				
Election: Primary General Other (specify):			Terms: Date Incurred <i>11/25/94</i> Date Due <i>12/1</i> Interest Rate _____ % (april)		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			Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period				
<i>A.L. Hutton 10816 Clairborne Dr. McLean, VA 22101</i>			<i>837.72</i>	<i>0</i>	<i>837.72</i>				
Election: Primary General Other (specify):			Terms: Date Incurred _____ Date Due <i>12/3/94 - 2/27/95</i> Interest Rate _____ % (april)		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)					<i>837.72</i>				
TOTALS This Period (last page in this line only)					<i>837.72</i>				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.									

95034320246

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

95039020247

Name of Committee (in Full)		Purpose of Expenditure		Date (Month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
Clear Up Congress						CO0245456
Full Name, Mailing Address & ZIP Code of Each Payee						
U.S. West P.O. Box 1301 Minneapolis, MN 55483		Telephone		12/15/94	74.36	Opposing Rod Grams, Sen. MN <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Bell Atlantic P.O. Box 27783 Richmond, VA 23272		telephone		12/14/94	89.31	Opposing Oliver North, Senate, Virginia <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Henrico County Govt Henrico County, Virginia		gas heat		12/15/94	60.52	Opposing Oliver North, Senate, Virginia <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Bell Atlantic P.O. Box 27783 Richmond, VA 23272		telephone		12/15/94	1019.10	Opposing Oliver North, Senate, Virginia <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Dischard Direct 1101 N. Highland St Arlington, VA 22201		reimb. UPS shipping		12/27/94	\$ 72.45	Opposing Oliver North, Senate, Virginia <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Pedestrian Press 1101 N. Highland St. Arlington, VA 22201		reimb. Supplies		12/27/94	196.43	Oliver North, Senate, Virginia <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures					1,814.05	
(b) SUBTOTAL of Unitemized Independent Expenditures					174.81	
(c) TOTAL Independent Expenditures					1,988.86	

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 of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Charles Halber III  
Signature

1/20/95  
Date

Subscribed and sworn to before me this 28 day of

January, 1995

My Commission expires:

10-31-97

Richard J. Honey  
NOTARY PUBLIC



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
S.A.I.D. 487 W. Broad St. Falls Church, VA	mailing list	12/27/04	\$27.00	Oliver North Senate, Va. <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Amended 4075 Bay Rd. Seaman, Ark 72663	phone service	12/27/04	224.98	Bob Carr, Senate, Mich. <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Seattle City Light P.O. Box 34905 Seattle, WA 98124	electricity	1/1/05	44.63	Slade Gorton, Senate, Wash. <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input checked="" 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			\$ _____	

95039-20248

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 of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, the campaign committee, or their agent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

My Commission expires: \_\_\_\_\_

NOTARY PUBLIC

Signature

Date

**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 1-28-95
<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

*ESB*  
 PREPARER

2-1-95  
 DATE PREPARED

95039620249