

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

STAMPED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JAN 26 12 10 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
*4th Congressional District  
Democratic Committee*

ADDRESS (number and street)  Check if different than previously reported  
*218 South Martin Street*

CITY, STATE and ZIP CODE  
*Mc Bain, Michigan 49657*

2. FEC IDENTIFICATION NUMBER  
*00099465*

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 \_\_\_\_\_ 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 <i>06-31-97</i> through <i>12-31-97</i>		
6. (a) Cash on Hand January 1, 19 <i>97</i>		\$ 1,830.02
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,518.02	
(c) Total Receipts (from Line 19)	\$ 1,719.00	\$ 1,719.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3,237.02	\$ 3,549.02
7. Total Disbursements (from Line 30)	\$ 2,475.54	\$ 2,787.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 761.48	\$ 761.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

*Donna M. Lutke*

Signature of Treasurer

*Donna M. Lutke*

Date

*01/19/98*

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 8/97)

*1087*

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
<i>4th Congressional District Democratic Committee</i>	FROM	TO
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)	1,063.00	1,063.00
II. Unitemized <i>Proceeds from Dinner Auction - 50% fundraising</i>	656.00	656.00
R. Total (add I and II) >	1,719.00	1,719.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a II, b and c) >	1,719.00	1,719.00
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.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1,719.00	1,719.00
20. Total Federal Receipts (subtract line 18 from line 19) >	1,719.00	1,719.00
<b>Disbursements</b>		
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	2,475.54	2,787.54
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,475.54	2,787.54
31. Total Federal Disbursements (subtract line 21 a II from line 30) >	2,475.54	2,787.54
<b>Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d)	1,719.00	1,719.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	1,719.00	1,719.00
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 7  
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)			
4th Congressional District Democratic Committee			
<p>A. Full Name, Mailing Address and ZIP Code Mary L. or Alvin Bethany 1813 Nelson Road Sheridan, MI 48884</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 110.00</p>	<p>Date (month, day, year) 10/18/97</p>	<p>Amount of Each Receipt this Period \$ 110.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Midland County Democratic Party * Allowable Funds</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p>	<p>Date (month, day, year) 10/18/97</p>	<p>Amount of Each Receipt this Period \$ 100.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Isabella County Democratic Party * Allowable Funds</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p>	<p>Date (month, day, year) 10/9/97</p>	<p>Amount of Each Receipt this Period \$ 100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Montcalm County Democratic Committee * Allowable Funds</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 80.00</p>	<p>Date (month, day, year) 9/23/97</p>	<p>Amount of Each Receipt this Period \$ 80.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Mary L. or Alvin Bethany 1813 Nelson Road Sheridan, MI 48884</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 150.00</p>	<p>Date (month, day, year) 10/18/97</p>	<p>Amount of Each Receipt this Period \$ 40.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Paul H. Seldenright/Lesley A. Seldenright 1218 Red Pole Drive DeWitt, MI 48820</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 40.00</p>	<p>Date (month, day, year) 10/18/97</p>	<p>Amount of Each Receipt this Period \$ 40.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Paul H. Seldenright/Lesley A. Seldenright 418 Red Pole Drive DeWitt, MI 48820</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 83.00</p>	<p>Date (month, day, year) 10/18/97</p>	<p>Amount of Each Receipt this Period \$ 43.00</p>
SUBTOTAL of Receipts This Page (optional)			513.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)			
4th Congressional District Democratic Committee			
<p>A. Full Name, Mailing Address and ZIP Code                      Thaddeus C. Zolty / Joanne F. Zolty                      1706 Elm Street                      Mt. Pleasant, MI 48858</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 60.00</p>	<p>Date (month, day, year) 9/29/97</p>	<p>Amount of Each Receipt this Period \$ 60.00</p>
<p>B. Full Name, Mailing Address and ZIP Code                      Clare County Democratic Party                      * Allowable Funds</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 40.00</p>	<p>Date (month, day, year) 10/2/97</p>	<p>Amount of Each Receipt this Period \$ 40.00</p>
<p>C. Full Name, Mailing Address and ZIP Code                      Alice M. Meyers / Terry Griffith                      1523 Arbor Lake, MI 48632</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 40.00</p>	<p>Date (month, day, year) 10/2/97</p>	<p>Amount of Each Receipt this Period \$ 40.00</p>
<p>D. Full Name, Mailing Address and ZIP Code                      Bob Wisler / Kathy S. Wisler                      1427 Stinson Street                      Owosso, MI 48867</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 40.00</p>	<p>Date (month, day, year) 10/6/97</p>	<p>Amount of Each Receipt this Period \$ 40.00</p>
<p>E. Full Name, Mailing Address and ZIP Code                      Gerald M. Chase / Kay Ann Chase                      12492 Pine Ridge                      Charlevoix, MI 49720</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 40.00</p>	<p>Date (month, day, year) 10/6/97</p>	<p>Amount of Each Receipt this Period \$ 40.00</p>
<p>F. Full Name, Mailing Address and ZIP Code                      Carol A. McAulay                      3731 Townline Lake Road                      Harrison, MI 48625</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 20.00</p>	<p>Date (month, day, year) 10/2/97</p>	<p>Amount of Each Receipt this Period \$ 20.00</p>
<p>G. Full Name, Mailing Address and ZIP Code                      Shirley Ann Mayhew                      P.O. Box 35                      Lake George, MI 48633</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify): Dinner Tickets</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 20.00</p>	<p>Date (month, day, year) 10/2/97</p>	<p>Amount of Each Receipt this Period \$ 20.00</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			260.00
<p>TOTAL This Period (last page this line number only)</p>			4067

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **5** OF **7**  
FOR LINE NUMBER

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**NAME OF COMMITTEE (In Full)**

**4th Congressional District Democratic Committee**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pamela A. Zellar 855 W. Jefferson, No. 73 Grand Ledge, MI 48837		10/18/97	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner Tickets	Occupation	Aggregate Year-to-Date > \$ 20.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pamela A. Zellar 855 W. Jefferson, No. 73 Grand Ledge, MI 48837		10/18/97	\$30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner Auction	Occupation	Aggregate Year-to-Date > \$ 30.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Betty Summerville 902 S. Clare Road Harrison, MI 48625		10/2/97	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner Tickets	Occupation	Aggregate Year-to-Date > \$ 20.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carol Dixon 110 E. Michigan Farwell, MI		10/15/97	\$20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner Tickets	Occupation	Aggregate Year-to-Date > \$ 20.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Clinton County Democratic Party * Allowable Funds		11/12/97	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner Tickets	Occupation	Aggregate Year-to-Date > \$ 200.00	
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) .....

290.00

TOTAL This Period (last page this line number only) .....

1,063.00

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)

4th Congressional District Democratic Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mashue Printing 124 Ashman Street Midland, MI 48640	Printing meeting Notices Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Adm.	07/15/97	\$ 14.84
B. Full Name, Mailing Address and ZIP Code Postmaster	Purpose of Disbursement Postage Stamps Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Adm.	07/15/97	\$ 32.00
C. Full Name, Mailing Address and ZIP Code James L. Sjoberg 3438 W. Townsend Road St. Johns, MI 48879	Purpose of Disbursement Mileage Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Adm.	07/15/97	\$ 132.00
D. Full Name, Mailing Address and ZIP Code Chemical Bank P.O. Box 155 McBain, MI 49657	Purpose of Disbursement Transfer to Adm. Account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Adm.	09/10/97	\$ 320.00
E. Full Name, Mailing Address and ZIP Code Citizens Bank P.O. Box 100 St. Johns, MI 48879	Purpose of Disbursement Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Adm.	07/30/97	\$ 2.00
F. Full Name, Mailing Address and ZIP Code Citizens Bank P.O. Box 100 St. Johns, MI 48879	Purpose of Disbursement Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Adm.	08/30/97	\$ 2.00
G. Full Name, Mailing Address and ZIP Code Citizens Bank P.O. Box 100 St. Johns, MI 48879	Purpose of Disbursement Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Adm.	09/30/97	\$ 2.00
H. Full Name, Mailing Address and ZIP Code Towne & Country Restaurant/Lounge 1395 N. McEwen Clare, MI 48617	Purpose of Disbursement Dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Adm.	10/20/97	\$ 844.70
I. Full Name, Mailing Address and ZIP Code Chemical Bank P.O. Box 155 St. Johns, MI 48879	Purpose of Disbursement Transfer to Adm. Account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Adm.	10/24/97	\$ 1,120.00

SUBTOTAL of Disbursements This Page (optional)

2,469.54

TOTAL This Period (last page this line number only)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 7 OF 7  
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

4th Congressional District Democratic Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens Bank P.O. Box 100 St. Johns, MI 48879	Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Adm.	10/30/97	\$ 2.00
Citizens Bank P.O. Box 100 St. Johns, MI 48879	Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Adm.	11/30/97	\$ 2.00
Citizens Bank P.O. Box 100 St. Johns, MI 48879	Bank Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Adm.	12/30/97	\$ 2.00
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) .....

\$ 6.00

TOTAL This Period (last page this line number only) .....

\$ 2,475.54

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 1-21-98
<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	DATE PREPARED