



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20460

RQ-2

Duane Neal, Treasurer  
Asa Hutchinson for Congress Committee  
PO Box 2222  
Fort Smith, AR 72902

Identification Number: C00320168

MAY 31 2000

Reference: Year End Report (7/1/99-12/31/99)

Dear Mr. Neal:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Commission Regulations define the term "purpose" to mean a brief statement or description of why a disbursement was made. Examples are "dinner expense", "media", "salary", "polling", "travel", "party fees", "phone banks", "travel expenses", "travel expense reimbursement" and "catering costs". Examples of election day and voter registration activity include "exit polling", "door-to-door get out the vote", "get out the vote phone calls" and "driving voters to the polls". Unacceptable descriptions, which require additional clarification, include but are not limited to "advance", "consulting", "commission", "contract labor", "election day expense", "expenses", "other expenses", "expense reimbursement", "miscellaneous", "outside services", "get-out-the-vote" and "voter registration". (11 CFR § 104.3(b)(4)) Please amend Schedule B of your report to correct the descriptions which do not meet the requirements of the Regulations.

-Schedule A of your report discloses a contribution(s) which appears to exceed the limits set forth in the Act (copies attached). You should examine all of your contributions to check for additional excessives. The Committee's procedures for processing contributions should also be

ASA HUTCHINSON FOR CONGRESS COMMITTEE

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reviewed.

An individual or a political committee other than a qualified multicandidate committee may not make a contribution to a candidate for federal office in excess of \$1,000 per election. A qualified multicandidate committee and all affiliated committees may not make a contribution(s) to a candidate for federal office in excess of \$5,000 per election. The term "contribution" includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441a(a) and (f); 11 CFR §110.1(b), (e) and (k))

If the contribution(s) in question was not completely or correctly reported, you should amend your original report using the new or corrected information. If the contribution(s) exceeds the limits, you should either refund to the donor the amount in excess of \$1,000 or request a written redesignation and/or reattribution of the contribution(s) from the donor. All refunds, redesignations, and reattributions must be made within sixty days of receipt of the contribution. Copies of refund checks and copies of letters reattributing or redesignating the contributions in question may be used to respond to this letter. Refunds are reported on Line 20 of the Detailed Summary Page and on a supporting Schedule B of the report covering the period in which they are made. Redesignations and reattributions are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation and/or reattribution is received. (11 CFR §104.8(d)(2), (3) and (4))

The acceptance of excessive contributions is a serious problem. Again, the committee's procedures for processing contributions should be examined and corrected in order to avoid this problem. Although the Commission may take further legal action, prompt action by you to refund or seek redesignation and/or reattribution of the excessive amount will be considered.

-Contributions from individuals and persons other than political committees must be itemized if the aggregate total from the contributor exceeds \$200 in a calendar year. This means that the committee does not have a reporting requirement of a contribution until the aggregate total exceeds the \$200 threshold. (2 U.S.C. §434(b)(3)) Should a committee wish to disclose contributions that do not require itemization, it must do so on a separate

ASA HUTCHINSON FOR CONGRESS COMMITTEE

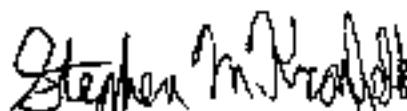
Page 3

Schedule A and report the total amount of unitemized contributions on Line 11(a)(ii) of the Detailed Summary Page. (11 CFR §104.3(a)(4)(i))

-On Schedule B of your report, you have disclosed contributions to or expenditures made on behalf of a federal candidate for which you have failed to provide the state, office sought and district (if applicable). Please amend your report to include the missing information in the field titled "Purpose of Disbursement" for each applicable entry. (11 CFR §104.3(b)(3)(v))

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Stephen M. Kronfeld  
Reports Analyst  
Report Analysis Division

## SCHEDULE A

## ITEMIZED RECEIPTS

One page per itemized bill  
for each category of disbursements  
except those made  
in L(a)(1)

PAGE	OF
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FOR DATE RECEIVED  
L(a)(1)

Any information required from each Recipient and Transmitter may not be held or used by FEC staff for the purpose of soliciting contributions or the removal of contributions, unless such holding or use and disclosure are specifically authorized by written instructions from such individuals.

NAME OF CONTRIBUTOR (See Wall)  
Ann Hutchinson for Congress

<p>b. Full Name, mailing address and zip code Elizabeth Gill 131 First Street Coronado, CA 92114-1101 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	Name of Employer Best Effort Made	Date (month, day, year) 08/24/1999	Amount of Each Receipt Made During This Period
	Description Retired		50.00
<p>b. Full Name, mailing address and zip code John Gilligan 5345 Burlington Circle Fort Smith, AR 72903- Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	Aggregate Year-to-Date ->	250.00	
	Name of Employer Best Effort Made	Date (month, day, year) 09/20/1999	Amount of Each Receipt Made During This Period
<p>b. Full Name, mailing address and zip code Howard Glantz 17519 Edmonds Road Harvard, IL 60033-8669 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	Description Retired		250.00
	Aggregate Year-to-Date ->	250.00	
<p>b. Full Name, mailing address and zip code David Glass 17 Glenbrook Montgomery, AL 36770-3840 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	Name of Employer Best Effort Made	Date (month, day, year) 09/16/1999	Amount of Each Receipt Made During This Period
	Description Retired		250.00
<p>b. Full Name, mailing address and zip code David Glass 17 Glenbrook Montgomery, AL 36770-3840 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	Aggregate Year-to-Date ->	250.00	
	Name of Employer Best Effort Made	Date (month, day, year) 09/16/1999	Amount of Each Receipt Made During This Period
<p>b. Full Name, mailing address and zip code David Glass 17 Glenbrook Montgomery, AL 36770-3840 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	Description Retired		250.00
	Aggregate Year-to-Date ->	250.00	
<p>b. Full Name, mailing address and zip code Donald Golos 1820 South 23rd Circle Fort Smith, AR 72903- Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	Name of Employer Sales/Office Furniture	Date (month, day, year) 08/30/1999	Amount of Each Receipt Made During This Period
	Description Retired		1,000.00
<p>b. Full Name, mailing address and zip code John Bernard 3924 Chapel Court Montgomery, AL 36062-4450 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	Aggregate Year-to-Date ->	1,000.00	
	Name of Employer Best Effort Made	Date (month, day, year) 09/16/1999	Amount of Each Receipt Made During This Period
<p>b. Full Name, mailing address and zip code John Bernard 3924 Chapel Court Montgomery, AL 36062-4450 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	Description Retired		1,000.00
	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	3,650.00
TOTAL this Period (last page this line number only)	

## SCHEDULE A

## ITEMIZED RECEIPTS

For reporting activities for each category of the Schedule A period	PAGE	OF
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	FOR EIN 204197	
	11 (e) (5)	

Any information reported shall be treated by my firm, or third party, for the purpose of establishing connections with  
any candidate, donor, or other individual, as being the result of, resulting from, or supporting the political activities of such  
individual.

NAME OF COMMITTEE (OR FIRM)  
Asia Hutchinson for Congress

a. Full Name, mailing address and zip code Jong Ja Kim 131 Lincoln Road Tyrone, PA 16140-2202 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employee Retired	Date (month, day, year) 05/14/1999	Amount of cash Received this Period 50.00
	Occupation Retired		Aggregate Year-to-Date -> 150.00
b. Full Name, mailing address and zip code Jong Ja Kim 131 Lincoln Road Tyrone, PA 16140-2202 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employee Retired	Date (month, day, year) 12/01/1999	Amount of cash Received this Period 100.00
	Occupation Retired		Aggregate Year-to-Date -> 250.00
c. Full Name, mailing address and zip code L. A. Kinnane 10 MOUNTAIN BEACH GLENDALE, MA 01740-2207 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employee Building contractor	Date (month, day, year) 11/29/1999	Amount of cash Received this Period 1,000.00
	Occupation KINCO		Aggregate Year-to-Date -> 2,000.00
d. Full Name, mailing address and zip code Anne Klein 225 PARK AVENUE, SUITE 1200 NEW YORK, NY 10022-2222 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employee Housewife	Date (month, day, year) 01/16/1999	Amount of cash Received this Period 100.00
	Occupation Housekeeper		Aggregate Year-to-Date -> 200.00
e. Full Name, mailing address and zip code Anne Klein 225 PARK AVENUE, SUITE 1200 NEW YORK, NY 10022-2222 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employee Housewife	Date (month, day, year) 02/09/1999	Amount of cash Received this Period 100.00
	Occupation Housekeeper		Aggregate Year-to-Date -> 300.00
f. Full Name, mailing address and zip code Pendice Knight 12 Moody Lane Chestnut Hill, MA 02475-5570 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employee Knight, Inc.	Date (month, day, year) 09/20/1999	Amount of cash Received this Period 50.00
	Occupation Secretary/Treasurer		Aggregate Year-to-Date -> 50.00
g. Full Name, mailing address and zip code Dorothy Kepelman 12 Kencliff Drive Bull Brook, MA 01619-1600 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employee Retired	Date (month, day, year) 08/26/1999	Amount of cash Received this Period 250.00
	Occupation Retired		Aggregate Year-to-Date -> 750.00

ESTIMATE of Receipts this Page (optional)	1,650.00
TOTAL THIS PERIOD (last page this line number only)	

SCHEDULE A		ITEMIZED RECEIPTS	19/73
		Use separate schedule(s) for each category in the Detailed Summary Page.	FOR LINE NUMBER 1141
Any information copied from such Reports and Statements may not be used or cited by any person for the purpose of compiling a compilation for commercial purposes, other than using the same and extracts of any portion of either to extract information from such documents.			
NAME OF COMMITTEE (in Full) Ann Hutchinson for Congress Committee			
Full Name, Mailing Address, and ZIP Code Beacon B. King 2 Tolson Court  Rental/Mage CA 92090  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employer  Occupation Business  Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 05/24/1998  Account of Each Receipt This Period 100.00 200.00
Full Name, Mailing Address, and ZIP Code Mr. John B. McDonald #13 Macaulay Place  St. Paul MN 55118  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employer Self-Employed  Occupation Business  Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 04/15/1998  Amount of Each Receipt This Period 100.00 200.00
Full Name, Mailing Address, and ZIP Code Dr. J. Barnes Shirley 401 West Cedar Street P. O. Box D-2  Little Rock AR 72202  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employer Self  Occupation Building contractor  Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 04/15/1998  Amount of Each Receipt This Period 100.00 200.00
Full Name, Mailing Address, and ZIP Code Mr. L. A. Klemmeler 10 Village Point  Little Rock AR 72207  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employer LBNCO  Occupation Building contractor  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/15/1998  Account of Each Receipt This Period 100.00 200.00
Full Name, Mailing Address, and ZIP Code Mr. William W. Klemmeler 100 Village Lane Road  Fort Smith AR 72916  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employer self  Occupation self  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/15/1998  Amount of Each Receipt This Period 100.00 200.00
Full Name, Mailing Address, and ZIP Code Mr. William W. Klemmeler 100 Village Lane Road  Fort Smith AR 72916  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employer self  Occupation self  Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 04/15/1998  Amount of Each Receipt This Period 100.00 200.00
SUBTOTAL of Receipts This Page (Optional): _____			
TOTALS This Period (last page this line number only) _____			

## SCHEDULE A

## ITEMIZED RECEIPTS

For specific schedule A  
see page 100 of the  
Revised Form 2000  
11(a)(1)

PAGE OF  
49 34  
FOR LINE NUMBER  
11(a)(1)

Any information copied from this document and retained may not be used by any person for the purpose of knowingly counterfeiting or  
forging purposes. When this form is used, it is subject to penalties provided in statute and regulations for such counterfeiting.

## NAME OF COMMITTEE (In Full)

Age Worldwide for Congress

<p>a. Full Name, Mailing Address and Zip Code Dorothy Kompaion 13 Marquette Drive Bull Shoals, AR 72619-3349 Receipt No.: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Banker</p>	<p>Date (month, day, year) 12/08/1999</p>	<p>Amount of check receipt date Period 150.00</p>
<p>b. Full Name, Mailing Address and Zip Code James D. Justice 172 Holly Ridge Mount Ida, AR 71957 Receipt No.: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Retired</p>	<p>Date (month, day, year) 08/23/1999</p>	<p>Amount of check receipt date Period 225.00</p>
<p>c. Full Name, Mailing Address and Zip Code Doris Kipke 3953 62nd Drive Flushing, NY 11374 Receipt No.: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Retired</p>	<p>Date (month, day, year) 10/22/1999</p>	<p>Amount of check receipt date Period 100.00</p>
<p>d. Full Name, Mailing Address and Zip Code Paul Lefebvre P.O. Box 324948 Houston, TX 77232-4948 Receipt No.: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Retired</p>	<p>Date (month, day, year) 12/20/1999</p>	<p>Amount of check receipt date Period 35.00</p>
<p>e. Full Name, Mailing Address and Zip Code Doyle Lee 3381 Carrollton House Court Austin, TX 78734-4031 Receipt No.: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Best Effort YMCA</p>	<p>Date (month, day, year) 09/20/1999</p>	<p>Amount of check receipt date Period 100.00</p>
<p>f. Full Name, Mailing Address and Zip Code John Lampert 344 Smokeless Tobacco Company, Inc. 1827 K Street, NW Washington, DC 20006 Address No.: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer NM Smokeless Tobacco Corporation</p>	<p>Date (month, day, year) 11/23/1999</p>	<p>Amount of check receipt date Period 250.00</p>
<p>g. Full Name, Mailing Address and Zip Code Edgar Lewis 434 Bent Drive Southbury, CT 06488-1117 Receipt No.: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Retired</p>	<p>Date (month, day, year) 11/29/1999</p>	<p>Amount of check receipt date Period 100.00</p>

SUBTOTAL of Receipts This Page (optional)

1,640.00

TOTAL this Expd (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS		ONE REPORTER IS AUTHORIZED FOR EACH SUBMISSION OF THE ITEMIZED RECEIPTS.		PAGE	OF
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				FORM 11300 EDITION 1976 (1) (1)	
<p><i>Any information reported on these reports and schedules may not be used as part of any proceeding. The purpose of submitting such schedules is for reporting purposes, other than the filing of returns or amounts of any particular contribution or expenditure, to assist in identification of the contributor.</i></p>					
<b>NAME OF COMMITTEE (See Rule 1)</b> <b>AAC Hutchinson for Congress</b>					
<b>a. Full Name, Mailing Address and Zip Code</b> Jack McKee 2100 Glynn Downing Drive Galtenbach, DE 19446 <b>Receipt Date:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Name of Employer</b> Executive <b>Description</b> McKee Foods <b>Aggregate Year-to-Date -&gt;</b> 3,000.00		<b>Date (month, day, year)</b> 08/30/1999 <b>Amount of Each Employer This Period</b> 1,000.00	
<b>b. Full Name, Mailing Address and Zip Code</b> Carroll Z. McNeely, Jr. P. O. Box 1048 Denton, TX 76204-1048 <b>Receipt Date:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Name of Employer</b> McKee Foods Corp. <b>Description</b> Self/Little Debbie <b>Aggregate Year-to-Date -&gt;</b> 1,000.00		<b>Date (month, day, year)</b> 09/02/1999 <b>Amount of Each Employer This Period</b> 1,000.00	
<b>c. Full Name, Mailing Address and Zip Code</b> Karl McKnight Route 3, Box 44 Humbleville, AR 72740-8323 <b>Receipt Date:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Name of Employer</b> Self <b>Description</b> <b>Aggregate Year-to-Date -&gt;</b> 200.00		<b>Date (month, day, year)</b> 07/08/1999 <b>Amount of Each Employer This Period</b> 100.00	
<b>d. Full Name, Mailing Address and Zip Code</b> Karl McKnight Route 3, Box 44 Huntsville, AR 72740-8323 <b>Receipt Date:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Name of Employer</b> Self <b>Description</b> <b>Aggregate Year-to-Date -&gt;</b> 275.00		<b>Date (month, day, year)</b> 09/18/1999 <b>Amount of Each Employer This Period</b> 75.00	
<b>e. Full Name, Mailing Address and Zip Code</b> Edward McNealy 3900 South Colorado Blvd. Cherry Hill, NJ 08001-0910 <b>Receipt Date:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Name of Employer</b> Chairman <b>Description</b> S. D. Edwards <b>Aggregate Year-to-Date -&gt;</b> 1,000.00		<b>Date (month, day, year)</b> 07/14/1999 <b>Amount of Each Employer This Period</b> 1,000.00	
<b>f. Full Name, Mailing Address and Zip Code</b> Carroll McNealy 3900 South Colorado Blvd. Cherry Hill, NJ 08001-0910 <b>Receipt Date:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Name of Employer</b> None <b>Description</b> <b>Aggregate Year-to-Date -&gt;</b> 1,000.00		<b>Date (month, day, year)</b> 07/14/1999 <b>Amount of Each Employer This Period</b> 1,000.00	
<b>g. Full Name, Mailing Address and Zip Code</b> Carroll McNealy 3900 South Colorado Blvd. Little Compton, RI 02837-2233 <b>Receipt Date:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		<b>Name of Employer</b> Housewives <b>Description</b> <b>Aggregate Year-to-Date -&gt;</b> 350.00		<b>Date (month, day, year)</b> 08/14/1999 <b>Amount of Each Employer This Period</b> 350.00	
<b>SUBTOTAL of Receipts This Page (optional)</b> 4,625.00					
<b>TOTAL THIS Period (last page this line number only)</b>					

SCHEDULE A		ITEMIZED RECEIPTS	Use separate schedule for each category of the reported disbursements.	202 / 33
			POB LINE NUMBER 1A4	
<p>Any information copied from such reports and statements may not be used except by any person for his personal or advertising considerations or for confidential purposes, otherwise using the name and address of any person so entitled to solicit contributions from such committee.</p> <p><b>NAME OF COMMITTEE (in Full)</b> Asia Hatchiment for Congress Committee</p>				
Full Name, Mailing Address, and ZIP Code Mr. Theodore L. McMichael 3 Centauri Trace  Hot Springs Village AR 71909-5405  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employee Retired  Occupation Retired  Aggregate Year-to-Date > S 1000.00	Date (month, day, year) 04/01/1999  Amount of Each Receipt this Period 1000.00 \$000.00	
Full Name, Mailing Address, and ZIP Code Mr. Alan Morris 2334 Byrd Downing Drive  Ooltewah TN 37360  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employee Morris Foods  Occupation MANAGER  Aggregate Year-to-Date > S 1000.00	Date (month, day, year) 04/01/1999  Amount of Each Receipt this Period 1000.00 \$000.00	
Full Name, Mailing Address, and ZIP Code Mr. Charles P. McMichael 1341 Turkey Road  Denton Grove NC 28030  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employee Manager Add R. Management  Occupation Public Relations  Aggregate Year-to-Date > S 500.00	Date (month, day, year) 04/01/1999  Amount of Each Receipt this Period 500.00 \$000.00	
Full Name, Mailing Address, and ZIP Code Mr. Jim Medley 22 Femrite  Hot Springs AR 72601  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employee Anti-Aging on Aging  Occupation Home Health Aide  Aggregate Year-to-Date > S 250.00	Date (month, day, year) 04/01/1999  Amount of Each Receipt this Period 250.00 \$000.00	
Full Name, Mailing Address, and ZIP Code Dr. Eugene Miller 42 River Ridge Plaza  Little Rock AR 72209  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employee Miller  Occupation physician/doctor  Aggregate Year-to-Date > S 250.00	Date (month, day, year) 04/01/1999  Amount of Each Receipt this Period 250.00 \$000.00	
Full Name, Mailing Address, and ZIP Code Ms. Roberta Miller 8836 Wadsworth Way  Fort Smith AR 72908  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employee Miller  Occupation Nurse Practitioner  Aggregate Year-to-Date > S 250.00	Date (month, day, year) 04/01/1999  Amount of Each Receipt this Period 250.00 \$000.00	
Full Name, Mailing Address, and ZIP Code Mrs. Joann VR. Stinson P. O. Box 3167  Starkenburg NC 28654  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employee  Occupation Nurse Practitioner  Aggregate Year-to-Date > S 1000.00	Date (month, day, year) 04/01/1999  Amount of Each Receipt this Period 1000.00 \$000.00	
<p>SUMMARY of Receipts This Page (Optional) .....</p> <p>TOTALS This Period (last page this line number only) .....</p>				

## Schedule A

## ITEMIZED RECEIPTS

PAGE	OF
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FOR ITEM RECEIVED	
11 (at) (1)	

Any information copied from this Schedule and Itemized Receipts may not be further used by any person for the purpose of making false statements or for other purposes, other than using this item and section of our schedule according to statute, regulations, and rules and conditions.

NAME OF CANDIDATE (In Full)

Rep Hatchakosk for Congress

a. Full Name, Mailing Address and Zip Code Geraldine French 1723 Emerald Isle Way Orlando, FL 32835-2342 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Name of Employer Hollywood Health Care Centers Occupation Medical Director Aggregate Year-to-Date -> 130.00	Date (month, day, year) 10/07/1999 Amount of Sick Receipt this Period 30.00
b. Full Name, Mailing Address and Zip Code Geraldine French 1723 Emerald Isle Way Orlando, FL 32835-2342 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Name of Employer Hollywood Health Care Centers Occupation Medical Director Aggregate Year-to-Date -> 210.00	Date (month, day, year) 11/16/1999 Amount of Sick Receipt this Period 30.00
c. Full Name, Mailing Address and Zip Code Doris Goss 714 North La Sierra Avenue Bollywood, FL 33088- Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Name of Employer Best Efficient Mode Occupation Secretary Aggregate Year-to-Date -> 400.00	Date (month, day, year) 11/16/1999 Amount of Sick Receipt this Period 400.00
d. Full Name, Mailing Address and Zip Code Barney Staudinger 6534 4th St Denver, CO 80237 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Name of Employer Truck Services Occupation Sales Aggregate Year-to-Date -> 1,300.00	Date (month, day, year) 11/06/1999 Amount of Sick Receipt this Period 500.00
e. Full Name, Mailing Address and Zip Code James Sorenson 1686 Martin Road Pembroke Pines, FL 33082-7931 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Name of Employer Sorenson & John Occupation Secretary Aggregate Year-to-Date -> 250.00	Date (month, day, year) 12/06/1999 Amount of Sick Receipt this Period 250.00
f. Full Name, Mailing Address and Zip Code Barbara Tamm 705 North Greenwood Avenue Rock Ridge, FL 33088-2308 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Name of Employer Best Efficient Mode Occupation Lobbyist Aggregate Year-to-Date -> 500.00	Date (month, day, year) 12/16/1999 Amount of Sick Receipt this Period 500.00
g. Full Name, Mailing Address and Zip Code Roberto Tamura 705 North Greenwood Avenue Rock Ridge, FL 33088-2308 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Name of Employer Best Efficient Mode Occupation Secretary Aggregate Year-to-Date -> 350.00	Date (month, day, year) 12/16/1999 Amount of Sick Receipt this Period 100.00

STOTAL of Receipts This page (optional)	2,000.00
TOTAL This Period (last page this line number only)	

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>	<b>Use separate or joint(s) for each category of the Candidate Summary Page</b>	<b>29 / 74</b>
<b>Any information copied from such Report and Statement may not be used or transmitted by others for the purpose of making contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.</b>				
<b>NAME OF COMMITTEE (in Full) Anti Hatch/McCain Tax Congress Committee</b>				
Full Name, Mailing Address, and ZIP Code Mr. Greg Smith P. O. Box 1404  Phone#s AR 72943  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employer Smithers Construction, Inc.  Occupation Owner/President  Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 05/15/1998	Amount of Each Receipt This Period 200.00 \$100.00
Full Name, Mailing Address, and ZIP Code Mr. Alan C. Seitz 2500 Mayfield  Address MA 21201  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employer Major League Baseball Association  Occupation Lobbyist  Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 05/15/1998	Amount of Each Receipt This Period 200.00 \$100.00
Full Name, Mailing Address, and ZIP Code Mr. Greg Smith 1000 Free Farm Road  Phone#s AR 72943  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employer Seif  Occupation No employer  Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 05/15/1998	Amount of Each Receipt This Period 600.00 \$300.00
Full Name, Mailing Address, and ZIP Code Mr. Ernest E. Stensrud 1000 BR 7H  Phone#s AR 72947  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employer Seif  Occupation Stock Broker  Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 05/15/1998	Amount of Each Receipt This Period 1000.00 \$500.00
Full Name, Mailing Address, and ZIP Code Mr. Michael Stevens P. O. Box 1914  Phone#s AR 74731  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employer self  Occupation Conting Eng. Foreman  Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 04/09/1998	Amount of Each Receipt This Period 1000.00 \$500.00
Full Name, Mailing Address, and ZIP Code Karen K. Stoddard 10052 East Andrew Drive  Phone#s AZ 36206  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employer Stoddard  Occupation no employer  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/15/1998	Amount of Each Receipt This Period 250.00 check
Full Name, Mailing Address, and ZIP Code Mr. William Strode 4719 Paseo Mexico  Phone#s TA 77400  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): _____		Name of Employer Investor  Occupation investor  Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 04/01/1998	Amount of Each Receipt This Period 150.00 \$50.00
<b>SUBTOTAL of Receipts This Page (Optional) _____</b>				
<b>TOTALS This Period (and page this line number only) _____</b>				

SCHEDULE A

## ITEMIZED RECEIPTS

My report is submitted on each column of the Detailed Receipts page	PAGE OF 7 13
	FOR LINE NUMBER 31 (c)

Any information copied from this document and transcribed may not be used or reproduced by any person for the purpose of soliciting contributions or  
for political purposes, other than to name and address of my political committee. No portion of this document may be reproduced.

NAME OF COMMITTEE (In Full)  
Rea Butchison for Congress

1. Full Name, mailing address and zip code Federal Express Inc. 1980 Mayenne Blvd.  Memphis, TN 38132 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Designation  Aggregate Year-to-Date -> 5,000.00	Date (month/ day, year) 12/20/1999  Amount of Each Receipt this Period 5,000.00
2. Full Name, mailing address and zip code Federal Express Inc. 1980 Mayenne Blvd.  Memphis, TN 38132 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Designation  Aggregate Year-to-Date -> 10,000.00	Date (month/ day, year) 12/30/1999  Amount of Each Receipt this Period 5,000.00
3. Full Name, mailing address and zip code Furniture INC (Impact) Box 1000  High Point, NC 27261 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Designation  Aggregate Year-to-Date -> 1,000.00	Date (month/ day, year) 08/19/1999  Amount of Each Receipt this Period 1,000.00
4. Full Name, mailing address and zip code Furniture INC (Impact) Box 1000  High Point, NC 27261 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Designation  Aggregate Year-to-Date -> 2,000.00	Date (month/ day, year) 08/29/1999  Amount of Each Receipt this Period 1,000.00
5. Full Name, mailing address and zip code GAF/JSP INC 1361 Alps Road Building T Wayne, NJ 07470 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Designation  Aggregate Year-to-Date -> 1,000.00	Date (month/ day, year) 08/29/1999  Amount of Each Receipt this Period 1,000.00
6. Full Name, mailing address and zip code GAF/JSP INC 1361 Alps Road Building T Wayne, NJ 07470 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Designation  Aggregate Year-to-Date -> 3,000.00	Date (month/ day, year) 11/29/1999  Amount of Each Receipt this Period 4,000.00
7. Full Name, mailing address and zip code GAF/JSP INC 1361 Alps Road Building T Wayne, NJ 07470 Receipt Date: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer  Designation  Aggregate Year-to-Date -> 10,000.00	Date (month/ day, year) 11/29/1999  Amount of Each Receipt this Period 8,000.00

Subtotal of Receipts this Page (optional)	19,500.00
Total This Period (last page this line number only)	

