

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

May 20 2 54 PM '98

1. NAME OF COMMITTEE (in full) Fund for a Responsible Future		2. FEC IDENTIFICATION NUMBER C00301887
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 529		
CITY, STATE and ZIP CODE Washington, DC 20044-0529		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 10f)

4. TYPE OF REPORT

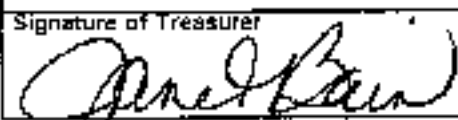
(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)

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

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
5. Covering Period <u>04/01/98</u> through <u>04/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 107,612.42
(b) Cash on Hand at Beginning of Reporting Period	\$ 151,999.74	
(c) Total Receipts (from Line 19)	\$ 15,206.57	\$ 79,430.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 167,206.31	\$ 187,043.18
7. Total Disbursements (from Line 30)	\$ 5,496.36	\$ 25,333.23
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 161,709.95	\$ 161,709.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 F Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-319-3420
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 Janet Bain		
Signature of Treasurer 		Date 5-15-98

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

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FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE Fund for a Responsible Future	REPORT COVERING PERIOD	
	FROM: 04/01/98	TO: 04/30/98
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A1).....	0.00	20,250.00
ii. Unitemized.....	0.00	0.00
iii. Total..... (add i and ii) >	0.00	20,250.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	15,000.00	58,431.81
d. Total Contributions..... (add aiii, b and c) >	15,000.00	78,681.81
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	206.57	748.95
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	15,206.57	79,430.76
20. Total Federal Receipts..... (subtract line 18 from line 19) >	15,206.57	79,430.76
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	4,496.36	16,333.23
c. Total Operating Expenditures..... (Add a i, aii, and b) >	4,496.36	16,333.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000.00	9,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds..... (Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements..... (Add 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	5,496.36	25,333.23
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >	5,496.36	25,333.23
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	15,000.00	78,681.81
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	15,000.00	78,681.81
35. Total Federal Operating Expenditures..... (add 21 a i and 21 b) >	4,496.36	16,333.23
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	4,496.36	16,333.23

SCHEDULE A

ITEMIZED RECEIPTS

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

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Fund for a Responsible Future

<p>A. Full Name, Mailing Address and Zip Code MCI PAC 1801 Pennsylvania Ave., NW Washington, DC 20008</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/03/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Commonwealth Edison Co. Political Action Committee PO Box 767 Chicago, IL 60690</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/07/98</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 2,500.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Burson-Marsteller Political Action Committee 1850 M St., NW Washington, DC 20036</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/07/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>D. Full Name, Mailing Address and Zip Code CYMAX PAC-Cyprus Amax Minerals PAC PO Box 3299 Englewood, CO 80112</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/07/98</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 2,500.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Auction Market PAC of the Chicago Board of Trade 141 W. Jackson Blvd. Chicago, IL 60604</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/13/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Waste Management PAC 601 Pennsylvania Ave NW Suite 300 Washington, DC 20004</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/14/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,000.00</p>		
<p>G. Full Name, Mailing Address and Zip Code WellPoint Health Networks PAC 21555 Oxnard St. Woodland Hills, CA 91367</p>	<p>Name of Employer Occupation</p>	<p>Date (Month day, Year) 04/14/98</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 2,500.00</p>		
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>11,500.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Fund for a Responsible Future

A. Full Name, Mailing Address and Zip Code Household International Inc. (House PAC) 2700 Sanders Rd. Prospect Heights, IL 60070	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	04/14/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
B. Full Name, Mailing Address and Zip Code America's Community Bankers PAC 900 19th Street, NW Suite 400 Washington, DC 20006	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	04/18/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,500.00
C. Full Name, Mailing Address and Zip Code Soft Drink PAC 1101 16th Street, NW Washington, DC 20036	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	04/28/98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
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
	Occupation		
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
	Occupation		
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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional)			3,500.00
TOTAL this Period (Last page this line number only)			15,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Fund for a Responsible Future

A. Full Name, Mailing Address and Zip Code Citibank, F.S.B. P.O. Box 18967 Washington, DC 20036-097	Name of Employer	Date (Month day, Year) 04/30/98	Amount of Each Receipt this Period 206.57
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 748.95		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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
	Occupation		
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
	Occupation		
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
	Occupation		
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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	206.57
TOTAL this Period (Last page this line number only).....>	206.57

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Fund for a Responsible Future

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Janci Bain Company 3001 Park Center Drive Alexandria, VA 22301	Monthly retainer and expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	04/07/98	2,268.64
B. Full Name, Mailing Address and Zip Code Deloitte & Touche LLP P.O. Box 277694 Atlanta, GA 30384-7694	Professional services rendered through 2/28 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	04/07/98	612.00
C. Full Name, Mailing Address and Zip Code Thomas J. Billey, Jr. 2409 Rayburn House Office Bldg. Washington, DC 20515	Reimburse, travel expenses for Fund PAC event Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	04/10/98	1,500.12
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> 4,380.76

TOTAL this Period (Last page this line number only).....> 4,380.76

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
Fund for a Responsible Future

A. Full Name, Mailing Address and Zip Code Heather Wilson for Congress PO Box 14070 Albuquerque, NM 87191	Purpose of Disbursement Heather Wilson, U.S. HOUSE 1th NM Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/22/98	Amount of Each Disb. this Period 1,000.00
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....> 1,000.00

TOTAL this Period (Last page this line number only).....> 1,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 5-20-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SEP</i> PREPARER	5-20-98 DATE PREPARED