REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME
C00011643 120798 P 236
C.A. SWAIN
A REPUBLICAN CENTRAL COMMITTEE O
F IMPERIAL COUNTY
P.O. BOX 2552
C EL CENTRO CA 92243

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 2 11 31 AM '99

2. FEC IDENTIFICATION NUMBER

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 11/24/98 through 12/31/98		
6. (a) Cash on Hand January 1, 19____		$ 6,360.98
(b) Cash on Hand at Beginning of Reporting Period	$ 512.23	
(c) Total Receipts (from Line 19)	$ 750.00	$ 7,234.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 1,262.23	$ 13,595.48
7. Total Disbursements (from Line 30)	$ 360.79	$ 12,793.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 901.44	$ 901.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ None	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
C.A. SWAIN

Signature of Treasurer
C.A. Swain

Date
01/25/99

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

FEC FORM 3X
(revised 9/93)

FEBAH084

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM 11/24/98 TO: 12/31/98

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	None	3,220.00	11(a)(i)
i. Itemized (use Schedule A)	None	1,151.00	11(a)(ii)
ii. Unitemized	none	4,371.00	11(a)(iii)
iii. Total (add i and ii) ➤	None	613.50	11(b)
b. Political Party Committees	750.00	1,950.00	11(c)
c. Other Political Committees (such as PACs)	750.00	6,934.50	11(d)
d. Total Contributions (add a iii, b and c) ➤	None	None	12
12. Transfers From Affiliated/Other Party Committees	None	None	13
13. All Loans Received	None	None	14
14. Loan Repayments Received	None	300.00	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	None	None	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	None	None	17
17. Other Federal Receipts (Dividends, Interest, etc.)	None	None	18
18. Transfers from Nonfederal Account for Joint Activity	750.00	6,934.50	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	None	None	20
20. Total Federal Receipts (subtract line 16 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	None	None	21(a)(i)
i. Federal Share	360.79	12,196.09	21(a)(ii)
ii. Non-Federal Share	None	6,421.73	21(b)
b. Other Federal Operating Expenditures	360.79	12,196.09	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	None	None	22
22. Transfers to Affiliated/Other Party Committees	None	None	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	None	None	24
24. Independent Expenditures (use Schedule E)	None	None	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	None	None	26
26. Loan Repayments Made	None	None	27
27. Loans Made	None	None	28(a)
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	None	None	28(b)
b. Political Party Committees	None	None	28(c)
c. Other Political Committees (such as PACs)	None	None	28(d)
d. Total Contribution Refunds (add a, b and c) ➤	None	598.99	29
29. Other Disbursements	360.79	12,794.04	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	None	9,612.88	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	750.00	6,934.50	32
33. Total Contribution Refunds (from line 28d)	None	None	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	None	None	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	None	6,612.80	35
36. Offsets to Operating Expenditures (from line 15)	None	None	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	None	None	37

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21B

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)

Ewp Central Comm of Imp Co

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ImpERIAL Irrig Dist P O Box 937 Imperial, Ca 92251	Hdqt Power Disbursement for: ☐ Primary ☐ General ☒ Other (specify)	12/03/98 12/08/98	$50.00 50.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
City of El Centro P O Box 2328 El Centro, Ca 92244-2328	Hdqt Utilities Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/07/98	20.34
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
State Compensation Ins Fund P O Box 7980 San Francisco, Ca 94120-7980	Comp Ins 11/01/97-98 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/09/98	34.32
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Pac Bell P O Box Van Nuys, Ca91388-0001	Hdqt Phone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/29/98	165.18
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
AT&T	Hsqt Phone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/07/98	18.71
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
M M Mena 1371 Vista Verde Dr Holtville, Ca 92250	Reimbursement - Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	12/29/98	22.24
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 360.79

TOTAL This Period (last page this line number only) 360.79

FEBANDA

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11c

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) Rep Central Comm of Imperial Coaunty

A. Full Name, Mailing Address and ZIP Code Imperial County Republican Party Operating Expenses - 141 So 7th St., El Centro, Ca 92243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 1,950.00	Date (month, day, year) 12/23/98	Amount of Each Receipt this Period $750.00
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$750.00
TOTAL This Period (last page this line number only)	$750.00

CFSA V060

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.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-28-99
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

Jm W — PREPARER

2-2-99 — DATE PREPARED

(4/98)