

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Aug 4 12 29 PM '95

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
The Lincoln Society of Alaska

ADDRESS (number and street) Check if different than previously reported
P.O. Box 190028

CITY, STATE and ZIP CODE
ANCHORAGE, AL 99517

2. FEC IDENTIFICATION NUMBER
C00281311

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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
5. Covering Period <i>1/1/95</i> through <i>6/30/95</i>		
6. (a) Cash on Hand January 1, 19 <i>95</i>		\$ <i>9143</i>
(b) Cash on Hand at Beginning of Reporting Period	\$ <i>9143</i>	
(c) Total Receipts (from Line 19)	\$ <i>16862</i>	\$ <i>16862</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <i>26010</i>	\$ <i>26010</i>
7. Total Disbursements (from Line 30)	\$ <i>4000</i>	\$ <i>4000</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <i>22010</i>	\$ <i>22010</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>-0</i>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>-0</i>	

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
Raymond S. Ellis

Signature of Treasurer
[Signature]

Date
7/31/95

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
(rev sed 9/83)

9 5 0 3 9 : 2 0 4 6

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
The Lincoln Society of Alaska		FROM: 4/1/95	TO: 6/30/95	
I. 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)	11540		11(a)(i)
ii.	Unitemized			11(a)(ii)
iii.	Total (add i and ii) >			11(a)(iii)
b.	Political Party Committees	5322		11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a iii, b and c) >	16862		11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity	-0-		18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	16862		19
20.	Total Federal Receipts (subtract line 18 from line 19) >	16862		20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees	4000		22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements	-0-		29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4000		30
31.	Total Federal Disbursements (subtract line 28 d from line 30) >	4000		31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans) (from line 11d)			32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans) (subtract line 33 from 32)			34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 9
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)

The Lincoln Society of Alaska

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A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Various individuals - cash Tables for Gala Event - Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	60.00 per table Various	3/8/95	680.00
B. Full Name, Mailing Address and ZIP Code DON YOUNG P.O. Box 100298 Anchorage Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	State of Alaska Senator	1/12/95	600.00
C. Full Name, Mailing Address and ZIP Code Wesley W. Swan 11330 Elmwood Road Anchorage, AK 99516 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Self Employed Lawyer	2/14/95	1500.00
D. Full Name, Mailing Address and ZIP Code John I Miller 2135 Sorbus Way Anchorage, AK 99508 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner		1/17/95	600.00
E. Full Name, Mailing Address and ZIP Code Charles R. Webber 1224 Forest Park Drive Anchorage, AK 99517 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner		2/1/95	480.00
F. Full Name, Mailing Address and ZIP Code MK. Stevens P.O. Box 100879 Anchorage, AK 99510 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner		2/15/95	600.00
G. Full Name, Mailing Address and ZIP Code George Wuech 1332 Crescent Ave Anchorage, AK 99508 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner		1/10/95	200.00

SUBTOTAL of Receipts This Page (optional)	4660.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
The Lincoln Society of Alaska

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Gala Dinner</i>	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
William F. Coghill 7005 Frederick's Dr. Anchorage, AK 99504 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Gala Dinner</i>	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>120.00</i>	Date (month, day, year) <i>1/30/95</i>	Amount of Each Receipt this Period <i>120.00</i>
Pauline L. Sharrock 317 A Street # 519 Anchorage, AK 99501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Gala Dinner</i>	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>120.00</i>	Date (month, day, year) <i>2/14/95</i>	Amount of Each Receipt this Period <i>120.00</i>
Norma Calvert 3221 Legacy Dr. Anchorage, AK 99516 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Gala Dinner</i>	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>60.00</i>	Date (month, day, year) <i>2/15/95</i>	Amount of Each Receipt this Period <i>60.00</i>
ART MATHIAS 3900 Arctic Sle 102 Anchorage, AK 99502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Gala Dinner</i>	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>60.00</i>	Date (month, day, year) Self Employed <i>2/15/95</i> Insurance agent	Amount of Each Receipt this Period <i>60.00</i>
Richard Peters Cherry Street Anchorage, AK 99504 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Gala Dinner</i>	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>60.00</i>	Date (month, day, year) <i>2/14/95</i>	Amount of Each Receipt this Period <i>60.00</i>
Dennis Deboose 10120 Chickaloon Eagle River, AK 99577 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>60.00</i>	Date (month, day, year) <i>2/17/95</i>	Amount of Each Receipt this Period <i>60.00</i>
Michael Fischetti 10336 Stewart Dr. Eagle River, AK 99577 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>60.00</i>	Date (month, day, year) <i>2/14/95</i>	Amount of Each Receipt this Period <i>60.00</i>

SUBTOTAL of Receipts This Page (optional) *540.00*

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

The Lincoln Society of Alaska

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Kendall 18943 Monastery Rd Eagle River, Ak 99577		2/20/95	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation	Aggregate Year-to-Date > \$ 60	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paula Hagle Peters Mission Street Anchorage, Ak 99504		2/21/95	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation	Aggregate Year-to-Date > \$ 60	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Gaylard 19544 Ostovia Cir Eagle River, Ak 99577		2/28/95	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation	Aggregate Year-to-Date > \$ 60	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Courtney Owen Diamond Drive Anchorage, Ak 99507		2/24/95	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation	Aggregate Year-to-Date > \$ 60	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Conley Bunde 14547 Golden View Drive Anchorage, Ak 99516		2/12/95	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation	Aggregate Year-to-Date > \$ 120	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Kendall 18943 Monastery Rd Eagle River, Ak 99577		2/14/95	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation	Aggregate Year-to-Date > \$ 180.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Birch 10005 Main Tree Drive Anchorage, Ak 99516		2/15/95	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation	Aggregate Year-to-Date > \$ 120	

SUBTOTAL of Receipts This Page (optional) 600.00

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 6 OF 9
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

The Lincoln Society of Alaska

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Traney Fowler 1105 Eastwood Ct. Anchorage, AK 99504	Self Employed Legal Loan...	2/12/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation Owner of Pawn Shop		
	Aggregate Year-to-Date > \$	120	120.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Carmahan 5070 Minnesota Dr. SLE 15 Anchorage, AK 99503		2/12/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation		
	Aggregate Year-to-Date > \$	120	120.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Culppepper Jr. 1174 Wickham Dr. Anchorage, AK 99507		2/11/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation		
	Aggregate Year-to-Date > \$	120	120.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hennetta Burton 2185 Ardenia Dr. Anchorage, AK 99503		2/21/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation		
	Aggregate Year-to-Date > \$	120	120.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim Cook 3645 Arctic #2488 Anchorage, AK 99503		2/12/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation		
	Aggregate Year-to-Date > \$	120	120.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Nelson Jr. 7505 Koniagosa Dr. Anchorage AK 99516		2/22/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation		
	Aggregate Year-to-Date > \$	120	120.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Motenik 301 Spordlove Dr. Anchorage, AK 99516		2/12/95	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	120	120.00

SUBTOTAL of Receipts This Page (optional) 840.00

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 7 OF 9
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

The Lincoln Society of Alaska

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sondor Matusky 2900 E 112th Anchorage AK 99516		2/23/95	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation	Aggregate Year-to-Date > \$ 120	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John EPA Menthol Drive Anchorage AK 99516		2/23/95	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation	Aggregate Year-to-Date > \$ 120	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Stark 7444-E Foxridge Way Anchorage, AK 99518		2/24/95	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation	Aggregate Year-to-Date > \$ 120	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Hildreth P.O. Box 200965 Anchorage, AK 99520		2/24/95	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation	Aggregate Year-to-Date > \$ 120	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Searchers Press 2901 Crowhill Drive Anchorage, AK 99517		2/24/95	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation	Aggregate Year-to-Date > \$ 120	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Kyer 5101 East 42nd Ave, Ste 102 Anchorage, AK 99508	Self Employed	2/24/95	6.00.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation: Doctor	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
Glen Eggers & Price 2550 Denali Street 17th floor Anchorage, AK 99503	Self Employed	2/21/95	840.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Gala Dinner	Occupation: Lawyers	Aggregate Year-to-Date > \$ 840.00	

SUBTOTAL of Receipts This Page (optional)	2040.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
The Lincoln Society of Alaska

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Republican Party of Alaska Federal Exec. 1001 W. Frederick Anchorage AK</i>	Occupation	<i>2/22/95</i>	<i>1500.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Gala Dinner</i>	Aggregate Year-to-Date > \$	<i>1500.00</i>	
B. Full Name, Mailing Address and ZIP Code <i>David McGuire 4046 Laurel Street Ste 202 Anchorage, AK 99508</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Gala Dinner</i>	Occupation	<i>2/22/95</i>	<i>2500.00</i>
C. Full Name, Mailing Address and ZIP Code <i>Loren Lemari 2497 Nathaniel Circle Anchorage, AK 99517</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Gala Dinner</i>	Occupation	<i>2/23/95</i>	<i>360.00</i>
D. Full Name, Mailing Address and ZIP Code <i>Republican Party of Alaska Federal Exec 1001 W. Frederick Anchorage, AK 99503</i>	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Gala Dinner</i>	Occupation	<i>3/23/95</i>	<i>3822.00</i>
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):	Occupation		
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		
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		
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) *8182.00*

TOTAL This Period (last page this line number only) *16862.00*

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 9 OF 9
FOR LINE NUMBER
LINE 22

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NAME OF COMMITTEE (In Full)

The Lincoln Society of Alaska

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Republican Women Anchorage, AA 99503	Split Gala Dinner FUNDS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Split Gala Dinner	5/5/95	4000.00
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 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

SUBTOTAL of Disbursements This Page (optional)

4000.

TOTAL This Period (last page this line number only)

4000.

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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.

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