

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 19 9 14 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Democratic Party of NE3 Polk County

ADDRESS (number and street) Check if different than previously reported
1031 24th St

CITY, STATE AND ZIP CODE
LeWiston, IA 53501

2. FEC IDENTIFICATION NUMBER
C 000 32517

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	COLUMN B
5. Covering Period <u>1-1-98</u> through <u>3-31-98</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>98</u>		\$ <u>760.48</u>
(b)	Cash on Hand at Beginning of Reporting Period	\$ <u>260.48</u>	
(c)	Total Receipts (from Line 1B)	\$ <u>1682.09</u>	\$ <u>1862.09</u>
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>2442.57</u>	\$ <u>2442.57</u>
7.	Total Disbursements (from Line 3C)	\$ <u>1522.11</u>	\$ <u>1522.11</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	\$ <u>920.46</u>	\$ <u>920.46</u>
9.	Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	

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
Kathy M. Deas

Signature of Treasurer
[Signature]

Date
4-10-98

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 <i>Democratic Party of West Peace County</i>		REPORT COVERING PERIOD FROM <i>1-1-98</i> TO <i>3-31-98</i>	
		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 A)		<i>855.09</i>	11000
ii. Unitemized		<i>827.00</i>	11000
iii. Total (add i and ii) >		<i>1682.09</i>	11000
b. Political Party Committees			1100
c. Other Political Committees (such as PACs)			1100
d. Total Contributions (add a iii, b and c) >		<i>1682.09</i>	1100
12. Transfers From Affiliated/Other Party Committees			0
13. All Loans Received			0
14. Loan Repayments Received			0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			0
17. Other Federal Receipts (Dividends, Interest, etc.)			0
18. Transfers from Nonfederal Account for Joint Activity			0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		<i>1682.09</i>	0
20. Total Federal Receipts (subtract line 18 from line 19) >			0
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21000
ii. Non-Federal Share			21000
b. Other Federal Operating Expenditures			2000
c. Total Operating Expenditures (add a i, a ii, and b) >		<i>1522.11</i>	2000
22. Transfers to Affiliated/Other Party Committees			0
23. Contributions to Federal Candidates/Committees and Other Political Committees			0
24. Independent Expenditures (use Schedule E)			0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			0
26. Loan Repayments Made			0
27. Loans Made			0
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			0
b. Political Party Committees			0
c. Other Political Committees (such as PACs)			0
d. Total Contribution Refunds (add a, b and c) >			0
29. Other Disbursements			0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			0
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			0
III Net Contributions/Opening Expenditures			
32. Total Contributions (other than loans) (from line 11d)		<i>1682.09</i>	0
33. Total Contribution Refunds (from line 28d)			0
34. Net Contributions (other than loans) (subtract line 33 from 32)		<i>1682.09</i>	0
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			0
36. Offsets to Operating Expenditures (from line 15)			0
37. Net Operating Expenditures (subtract line 36 from 35) >			0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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)

Democratic Party of New Jersey County

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>John Bradbury 729 Preston Lewiston NJ 83801</i>	<i>Retired Lawyer</i>	<i>1-18-98</i>	<i>252.25</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<i>Barbara Fry 112 Bailey Dr Lewiston NJ 83801</i>	<i>New Jersey County Clerk</i>	<i>2-13-98</i>	<i>20.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<i>Dennis Ohtman 510 Bunnell Dr Lewiston NJ 83801</i>	<i>Lewiston High School Teacher</i>	<i>2-14-98</i>	<i>100.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<i>Carol Wallace 1117 Alder Dr Lewiston NJ 83801</i>	<i>YWCA Social Worker</i>	<i>2-19-98</i>	<i>100.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<i>Elaine Thomas 411 Prospect Ave Lewiston NJ 83801</i>	<i>Retired Home Maker</i>	<i>2-17-98</i>	<i>50.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<i>Mona Huber Hall 1004 4th St Lewiston NJ 83801</i>	<i>Home Maker</i>	<i>2-23-98</i>	<i>25.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
<i>Polly Taylor Maguent 306 16th Ave Lewiston NJ 83801</i>	<i>Home Maker</i>	<i>3-2-98</i>	<i>20.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

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 2 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Democratic Party of New Pence Party

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark A. Newton 522 Airway Dr Lewiston, ME 03506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Potlatch Mill Occupation: Mill worker Aggregate Year-to-Date > \$	3-5-98	150.93
B. Full Name, Mailing Address and ZIP Code Charles Woods 308 Main St Lewiston, ME 03504 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Woods Insurance Occupation: Insurance Aggregate Year-to-Date > \$	3-23-98	20.00
C. Full Name, Mailing Address and ZIP Code Mark Hall 2843 May Fair Lewiston, ME 03501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Potlatch Occupation: Potlatch Employee Aggregate Year-to-Date > \$	2-18-98 2-10-98	In Kind 108.51 - Post 38.40 Postage
D. Full Name, Mailing Address and ZIP Code Ann Carroll 1317 14th Lewiston, ME 03504 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	School teacher Occupation: Retired Aggregate Year-to-Date > \$	2-98	In Kind 20.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)

TOTAL This Period (last page this line number only)

855.09

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Democratic Party of Nez Perce County

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Tracy Lee 29th St Lewiston, ID 83501</i>	<i>Food for Pop. Driver</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<i>2-18-98</i>	<i>29.25</i>
<i>J. R. Van Tassel 1137 17th Ave Lewiston, ID 83501</i>	<i>Drinks for driver</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<i>2-18-98</i>	<i>28.15</i>
<i>John Cook Mail Depot 16th St 12th St Lewiston, ID 83501</i>	<i>Postage / Copies</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<i>2-9-98 3-26-98</i>	<i>13.88 14.24</i>
<i>Lewiston Printing 145 Ste A Truax Lewiston, ID 83501</i>	<i>Printing Newsletters</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<i>3-4-98</i>	<i>708.65</i>
<i>Thomas Publishing Co Box 957 Lewiston, ID 83501</i>	<i>Distributing Newsletters</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<i>3-4-98</i>	<i>449.86</i>
<i>Grand Council 1317 14th Lewiston, ID 83501</i>	<i>Superior permits</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<i>3-9-98</i>	<i>Permitted 20.00</i>
<i>Mary Hall 2843 Mayfair Lewiston, ID</i>	<i>Food for Driver</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<i>2-18-98</i>	<i>Permitted 108.51</i>
<i>Mary Hall 2843 Mayfair Lewiston, ID</i>	<i>Postage</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<i>2-10-98</i>	<i>Permitted 38.40</i>
L. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

1511.04

TOTAL This Period (last page this line number only)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4-15-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SEP</i> PREPARER	4-18-98 DATE PREPARED