

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) Fund for a Responsible Future		DE 3 12 26 PM '97
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 529	2. FEC IDENTIFICATION NUMBER C00301897	
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 1M)	

4. TYPE OF REPORT

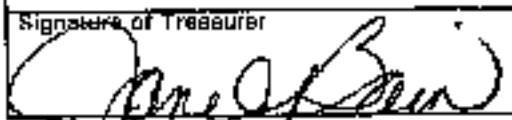
(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

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

Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on
11/04/97 in the State of NY _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/97</u> through <u>11/24/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 26,950.81
(b) Cash on Hand at Beginning of Reporting Period	\$ 98,961.84	
(c) Total Receipts (from line 19)	\$ 43,264.78	\$ 133,945.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 142,228.62	\$ 160,895.81
7. Total Disbursements (from Line 20)	\$ 35,259.93	\$ 53,927.12
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 106,968.69	\$ 106,968.69
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 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)	\$ 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 Bubo		
Signature of Treasurer 		Date 12-1-97

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>Fund for a Responsible Future</i>	REPORT COVERING PERIOD	
	FROM: 07/01/97	TO: 11/24/97
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	7,027.50	35,027.50
ii. Unitemized.....	1,522.50	1,522.50
iii. Total.....(add i and ii) >	8,550.00	36,550.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	34,000.00	96,000.00
d. Total Contributions.....(add iii, b and c) >	42,550.00	132,550.00
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.).....	716.78	1,395.00
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) >	43,266.78	133,945.00
20. Total Federal Receipts.....(subtract line 18 from line 19) >	43,266.78	133,945.00
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.....	19,259.93	34,927.12
c. Total Operating Expenditures.....(Add a, all, and b) >	19,259.93	34,927.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,000.00	8,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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.....	11,000.00	11,000.00
30. Total Disbursements.....(Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	35,259.93	53,927.12
31. Total Federal Disbursements.....(Subtract line 21 all from line 30) >	35,259.93	53,927.12
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	42,550.00	132,550.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	42,550.00	132,550.00
35. Total Federal Operating Expenditures.....(add 21 a) and 21 b) >	19,259.93	34,927.12
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35) >	19,259.93	34,927.12

SCHEDULE A

ITEMIZED RECEIPTS

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)

Fund for a Responsible Future

A. Full Name, Mailing Address and Zip Code MCI PAC 1801 Pennsylvania Ave., NW Washington, DC 20008	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	07/10/97	
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 Worldcom, Inc. Federal PAC 515 E. Amite Street Jackson, MS 39201-2702	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	07/10/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		2,000.00
C. Full Name, Mailing Address and Zip Code MCI PAC 1801 Pennsylvania Ave., NW Washington, DC 20008	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	07/10/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		2,000.00
D. Full Name, Mailing Address and Zip Code Sony Pictures Entertainment Inc. PAC 10202 W. Washington Bl Turner Bldg. #3014 Culver city, CA 90232	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	07/17/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
E. Full Name, Mailing Address and Zip Code CSX Good Government Fund P.O. Box C-3222 Richmond, VA 23261	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	07/17/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
F. Full Name, Mailing Address and Zip Code Swidler & Berlin PAC 3000 k Street, NW Suite 300 Washington, DC 20007	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	07/17/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,500.00
G. Full Name, Mailing Address and Zip Code The Winstar Communications, Inc. PAC 230 Park Avenue Suite 2700 New York, NY 10169	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	07/17/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
SUB TOTAL of Receipts This Page (Optional).....>			6,500.00
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	OF
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FOR LINE NUMBER		11 c

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

A. Full Name, Mailing Address and Zip Code The Blue Cross & Blue Shield Assn. PAC (CarePac) 1310 G Street, NW 12th Floor Washington, DC 20005	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	08/12/97		
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 Americau Consulting Engineers PAC 1015 15th Street, NW Suite 802 Washington, DC 20005		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	08/12/97	
		Aggregate Year-to-date > \$		1,000.00
C. Full Name, Mailing Address and Zip Code Air Products Political Alliance PK1 Box 441 Trexlerstown, PA 18087	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	08/18/97		
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 Nonprescription Drug Manufacturers Association 1150 Connecticut Ave. NW Washington, DC 20036	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	08/27/97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00	
E. Full Name, Mailing Address and Zip Code Gateway 2000 Good Government PAC 228 S. Washington St. Suite 200 Alexandria, VA 22314	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	08/27/97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00	
F. Full Name, Mailing Address and Zip Code National Community Pharmacists Association PAC 205 Danagerfield Rd. Alexandria, VA 22314-2885	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	09/10/97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00	
G. Full Name, Mailing Address and Zip Code MMI Companies, Inc. PAC 540 Lake Cook Rd. Deerfield, IL 60015	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	09/11/97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00	
SUB TOTAL of Receipts This Page (Optional).....>			7,000.00	
TOTAL this Period (Last page this line number only).....>				

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 Airtouch Communications Political Action Committee One California St 8th Floor San Francisco, CA 94111	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	09/19/97	
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 Salt River Project Political Involvement Committee PO Box 52025 Phoenix, AZ 85072-2025	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	09/19/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		500.00
C. Full Name, Mailing Address and Zip Code American Society of Anesthesiologists, Inc. PAC 520 N. Northwest Highway Park Ridge, IL 60068-2573	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	09/19/97	
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 The Pittston Company Political Action Committee PO Box 120070 100 First Stamford Place Stamford, CT 06902	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	09/19/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
E. Full Name, Mailing Address and Zip Code Mid-Atlantic Medical Services Inc. PAC 4 Taft Court Rockville, MD 20850	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	09/19/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
F. Full Name, Mailing Address and Zip Code Continental Cablevision, Inc. PAC The Pilot House Lewis Wharf Boston, MA 02110	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	09/19/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
G. Full Name, Mailing Address and Zip Code Edison International Companies Federal PAC 2244 Walnut Grove Ave Rosemead, CA 91770	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	10/03/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00

SUB TOTAL of Receipts This Page (Optional).....> **6,500.00**

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	OF
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FOR LINE NUMBER		11c

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

A. Full Name, Mailing Address and Zip Code General Electric Company PAC 1299 Pennsylvania Avenue, NW Suite 1100 Washington, DC 20004	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	10/03/97		
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 Electric Power Supply Assn, PAC 1401 H Street NW Ste 706 Washington, DC 20005		Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
		Occupation	10/03/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		1,000.00
C. Full Name, Mailing Address and Zip Code Banc One PAC 100 E. Broad St. Columbus, OH 43271-0251	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	10/10/97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		5,000.00
D. Full Name, Mailing Address and Zip Code New York Life Political Action Committee 51 Madison Ave. New York, NY 10010	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	10/10/97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		2,000.00
E. Full Name, Mailing Address and Zip Code Aritel Corporation Political Action Committee One Allied Dr. Little Rock, AR 72202	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	10/10/97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		1,000.00
F. Full Name, Mailing Address and Zip Code Ogden Corporation Political Action Committee 277 Park Ave. New York, NY 10017	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	10/17/97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		500.00
G. Full Name, Mailing Address and Zip Code Waste Management PAC 601 Pennsylvania Ave NW Suite 300 Washington, DC 20004	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	10/17/97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		2,500.00
SUB TOTAL of Receipts This Page (Optional).....>			13,000.00	
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	OF
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FOR LINE NUMBER	
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NAME OF COMMITTEE (in full)
Fund for a Responsible Future

A. Full Name, Mailing Address and Zip Code The Glaxo Wellcome PAC Five Moore Drive Research Triangle Pk, NC 27709	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	11/17/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
3,500.00			
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).....>			1,000.00
TOTAL this Period (Last page this line number only).....>			34,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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 Susan E. Alvarado 5814 Wyomissing Court Alexandria, VA 22303	Name of Employer Alvarado & Gerken Occupation Partner	Date (Month day, Year) 07/10/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
B. Full Name, Mailing Address and Zip Code Ronald L. Plesser 5005 Linnean Avenue, NW Washington, DC 20008	Name of Employer Piper & Marbury Occupation Partner	Date (Month day, Year) 07/10/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
C. Full Name, Mailing Address and Zip Code Harry M. Conger 2021 Green Valley Road Danville, CT 04526	Name of Employer N/A Occupation Retired	Date (Month day, Year) 07/10/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
D. Full Name, Mailing Address and Zip Code Steven Lerman Suite 600 2000 K St. NW Washington, DC 20006-1809	Name of Employer Leventhal, Senter & Lerman PLLC Occupation Lawyer	Date (Month day, Year) 07/10/97	Amount of Each Receipt this Period 277.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 277.50		
E. Full Name, Mailing Address and Zip Code Gail MacKinnon 3911 Hillandale Court, NW Washington, DC 20007	Name of Employer CBS Occupation Vice President, Federal Relations, CBS	Date (Month day, Year) 09/19/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
F. Full Name, Mailing Address and Zip Code David Krone 801 Pennsylvania Ave, NW No 1211 Washington, DC 20004	Name of Employer TCI Communications Occupation Government Relations	Date (Month day, Year) 09/19/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
G. Full Name, Mailing Address and Zip Code Claudia James 1001 G Street NW Suite 900 Washington, DC 20001	Name of Employer Podsta Associates Inc. Occupation President of Podsta Associates Inc.	Date (Month day, Year) 09/24/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		

SUB TOTAL of Receipts This Page (Optional)> **3,527.50**

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	OF
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FOR LINE NUMBER		
11 a 1		

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Catherine Reid 3703 Bradley Lane Chevy Chase, MD 20815	Time-Warner	09/25/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President, Time-Warner	Aggregate Year-to-date > \$ 1,000.00	
Robert Giese 3811 Garfield St 342-6660 Washington, DC 20007	Chris-Craft Broadcasting	09/25/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP and Counsel Chris-Craft Broadcasting	Aggregate Year-to-date > \$ 500.00	
Lewis Platt 685 San Martin Pl. Los Altos, CA 94024	Hewlett Packard Co.	10/17/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation President, CEO and Chairman	Aggregate Year-to-date > \$ 1,000.00	
Peter Rich PO Box 1610 Middleburg, VA 20117	Reuters America Inc.	10/31/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP, Government Relations	Aggregate Year-to-date > \$ 1,000.00	
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	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
SUB TOTAL of Receipts This Page (Optional)			3,500.00
TOTAL this Period (Last page this line number only)			7,027.50

SCHEDULE A

ITEMIZED RECEIPTS

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 Citibank, F.S.B. P.O. Box 18967 Washington, DC 20036-097	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period	
	Occupation	07/31/97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		173.16	
B. 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)	Amount of Each Receipt this Period
		Occupation	08/29/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		173.32
C. 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)	Amount of Each Receipt this Period
		Occupation	09/30/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		173.53
D. 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)	Amount of Each Receipt this Period
		Occupation	10/31/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$		196.77
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).....>			716.78	
TOTAL this Period (Last page this line number only).....>			716.78	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	2
FOR LINE NUMBER	
21B	

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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
Janet Bain Company 3001 Park Center Drive Alexandria, VA 22302	monthly retainer and expenses	07/30/97	2,002.20
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Janet Bain Company 3001 Park Center Drive Alexandria, VA 22302	payment for monthly retainer	08/08/97	2,000.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Janet Bain Company 3001 Park Center Drive Alexandria, VA 22302	Invoice 6039, 9/1/97	09/10/97	2,000.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Janet Bain Company 3001 Park Center Drive Alexandria, VA 22302	Monthly retainer fee	10/10/97	2,000.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Janet Bain Company 3001 Park Center Drive Alexandria, VA 22302	Payment for postage, 11/3 Fundraiser	10/17/97	460.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Janet Bain Company 3001 Park Center Drive Alexandria, VA 22302	Fundraising expenses 9/25	10/27/97	1,653.92
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Janet Bain Company 3001 Park Center Drive Alexandria, VA 22302	Monthly retainer fee	11/17/97	2,000.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Thomas J. Blikey, Jr. 2409 Rayburn House Office Bldg. Washington, DC 20515	Fundraising dinner on 9/9/97	09/10/97	974.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
Amy Bruce 11891 Homestead Place Waldorf, MD 20601	May lock box service	07/08/97	50.00
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		

SUB TOTAL of Disbursements this page (Optional).....> 13,160.12

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	2
FOR LINE NUMBER		21B

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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
Andy Bruce 11891 Homestead Place Waldorf, MD 20601	June lock box service Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/17/97	50.00
Deloitte & Touche LLP P.O. Box 277694 Atlanta, GA 30384-7694	services rendered & expenses 5/96 - 12/96 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/08/97	2,650.00
Deloitte & Touche LLP P.O. Box 277694 Atlanta, GA 30384-7694	services rendered & expenses 1/97 - 6/97 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/08/97	2,050.00
Deloitte & Touche LLP P.O. Box 277694 Atlanta, GA 30384-7694	payment for professional services for 7/1-9/1/97 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/29/97	600.00
MCI Communications Corporation 0036/001 1801 Pennsylvania Avenue, NW Washington, DC 20006	reimbursement for 7/8 event expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/30/97	649.76
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)..... > 5,999.76

TOTAL this Period (Last page this line number only)..... > 19,159.88

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
Fossella for Congress P.O. Box 060248 New Dorp Station Staten Island, NY 10306	Vito Fossella, U.S. HOUSE 13th NY Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997 Special Election	10/21/97	5,000.00
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).....>	5,000.00
TOTAL this Period (Last page this line number only).....>	5,000.00

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
Tom Bolvin for Delegate 6080 Franconia Rd. Ste D Alexandria, VA 22310	Bolvin, 43rd VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	10/08/97	1,000.00
JeanneMarie Devolites for Delegate 2634 Hunter Mill Rd. Oakton, VA 22124	Devolites, 35th VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	10/08/97	1,000.00
Easley for Attorney General PO Box 36347 Richmond, VA 23235	Easley, ATTORNEY GENERAL VA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) Va Attorney General's Race	10/21/97	2,000.00
Jim Gilmore 97 PO Box 18071 Richmond, VA 23226	Jim Gilmore, GOVERNOR VA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) Va Governor's Race	10/21/97	4,000.00
John Hagar 97 PO Box 26766 Richmond, VA 23261	John Hagar, LT. GOVERNOR VA Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) Va Lt. Governor's Race	10/21/97	2,000.00
Paul Harris for Delegate PO Box 1276 Charlottesville, VA 22902	Harris, 58th VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	10/08/97	1,000.00
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).....>	11,000.00
TOTAL this Period (Last page this line number only).....>	11,000.00

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 <i>12-3-97</i>
<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 <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SES</i> PREPARER	<i>12-3-97</i> DATE PREPARED