FEB 5 11 31 AM '98

BATTELLE GOOD GOVERNMENT COMMITTEE
24 WIVELISCOMBE
NEW ALBANY, OHIO 43054
(A QUALIFIED MULTICANDIDATE COMMITTEE)

January 28, 1998

Public Records Office
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Gentlemen:

Enclosed is our January 31 Year End Report of Receipts and Disbursements for the period July 1 through December 31, 1997.

The Battelle Good Government Committee does not have separate federal and non-federal accounts, so the allocation rules do not apply. Consequently, there are no Schedules H's with our report.

Sincerely,

Jerome R. Bahlmann
Treasurer

Enclosure

CERTIFIED MAIL
Return Receipt Requested

BGGC\ltr 1-28-98

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEB 5 11 31 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

ADDRESS (number and street) [X] Check if different than previously reported
24 WIVELISCOMBE

CITY, STATE and ZIP CODE
NEW ALBANY, OH 43054

2. FEC IDENTIFICATION NUMBER
C00208462

3. [X] 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
[X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/97 through 12/31/97		
6. (a) Cash on Hand January 1, 1997		$ 14,136.28
(b) Cash on Hand at Beginning of Reporting Period	$15,793.20	
(c) Total Receipts (from Line 19)	$ 7,972.81	$ 16,506.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$23,766.01	$ 30,643.06
7. Total Disbursements (from Line 30)	$ 4,854.60	$ 11,731.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$18,911.41	$ 18,911.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
J. R. Bahlmann

Signature of Treasurer
J R Bahlmann

Date
Jan. 26, 1998

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)

FE2AN047

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

(revised 1/1/91)

NAME OF COMMITTEE BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

REPORT COVERING PERIOD FROM 7/1/97 TO 12/31/97

	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)	7,251.98	9,681.98	11(a)(i)
ii. Unitemized	591.00	6,559.98	11(a)(ii)
iii. Total (add i and ii) ➤	7,842.98	16,241.96	11(a)(iii)
b. Political Party Committees	-	-	11(b)
c. Other Political Committees (such as PACs)	-	-	11(c)
d. Total Contributions (add a iii, b and c) ➤	7,842.98	16,241.96	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.)	129.83	264.82	17
18. Transfers from Nonfederal Account for Joint Activity	-	-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	7,972.81	16,506.78	19
20. Total Federal Receipts (subtract line 16 from line 19) ➤	7,972.81	16,506.78	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	104.60	181.65	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	104.60	181.65	21(c)
22. Transfers to Affiliated/Other Party Committees	-	-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,000.00	9,400.00	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	750.00	2,150.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,854.60	11,731.65	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4,854.60	11,731.65	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,842.98	16,241.96	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,842.98	16,241.96	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	104.60	181.65	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	104.60	181.65	37

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MA

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 11

FOR LINE NUMBER 11 a 1

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)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. J. C. Allen 25 Beaverbrook Road Norfolk, MA 02056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $240.00	payroll deduction	120.00 ($20/mo)
B.	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $		
C.	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $		
D.	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $		
E.	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $		
F.	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $		
G.	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 120.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 11

FOR LINE NUMBER 11 a i

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)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. J. R. Bahlmann 24 Wiveliscombe New Albany, OH 43054 Receipt For: Primary General Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $ 780.00	payroll deduction	390.00 (65/mo)
B. R. K. Ballard 686 Berkeley Place North Westerville, OH 43081 Receipt For: Primary General Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $ 240.00	payroll deduction	120.00 (20/mo)
C. Henry Cialone 46006 Burbank Drive Columbus, OH 43220 Receipt For: Primary General Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $ 300.00	payroll deduction	150.00 (25/mo)
D. C. M. Coburn 21300 Claythorne Road Shaker Heights, OH 44122 Receipt For: Primary General Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $ 252.00	payroll deduction	126.00 (21/mo)
E. G. H. Cunningham 165 Green Springs Drive Columbus, OH 43235 Receipt For: Primary General Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $ 300.00	payroll deduction	150.00 (25/mo)
F. G. L. Frank 421 Engelwood Court Powell, OH 43065 Receipt For: Primary General Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $240.00	payroll deduction	120.00 (20/mo)
G. D. L. Harris 6449 Foxview Place West Chester, OH 45069 Receipt For: Primary General Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $240.00	payroll deduction	120.00 (20/mo)

SUBTOTAL of Receipts This Page (optional) 1,176.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a i

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)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
S. R. Heimann 771 Glacier Pass Westerville, OH 43081 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $300.00	payroll deduction	150.00 (25/mo)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
F.C. Hood 4542 Carrington Way Hilliard, OH 43026 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $300.00	payroll deduction	150.00 (25./mo)
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
J. E. Leonard 2390 Trebien Road Xenia, OH 45385 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $252.00	payroll deduction	126.00 (21/mo)
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. E. Lincoln 13217 Brandon Circle Pickerington, OH 43147 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $240.00	payroll deduction	120.00 (20/mo)
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
B.G. Maiden 55 W. Livingston #350 Columbus, OH 43215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $ 750.00	payroll deduction	375.00 (62.50/mo)
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
S. D. McLaughlin 8200 Linden Leaf Circle Columbus, OH 43235 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $252.00	payroll deduction	126.00 (21/mo)
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
D. J. Mitchell 8349 Breckenridge Way Worthington, OH 43238 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date > $ 750.00	payroll deduction	375.00 (62.50/mo)

SUBTOTAL of Receipts This Page (optional) 1,422.00

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

OH

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. R. N. Myers 3709 Seaford Drive Columbus, OH 43220 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $252.00	payroll deduction	126.00 ($21/mo)
B. D. E. Olesen 8551 Cartney Court Dublin, OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $780.00	payroll deduction	390.00 (65/mo)
C. W. W. Simmons 4726 Bridle Path Court Dublin, OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $240.00	payroll deduction	120.00 (20/mo)
D. D. D. Sung 6682 Rieber Street Worthington, OH 43085 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $300.00	payroll deduction	150.00 (25/mo)
E. George Sverdrup 306 Crandall Drive Worthington, OH 43085 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $300.00	payroll deduction	150.00 (25/mo)
F. B. R. Vijayendran 2201 Riverside Drive Columbus, OH 43221 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $240.00	payroll deduction	120.00 (20/mo)
G. C. L. Widrig 4948 Rosegate Court Dublin, OH 43017 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $252.00	payroll deduction	126.00 (21/mo)

SUBTOTAL of Receipts This Page (optional) 1,182.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
D. S. Yun 1461 Cambridge Boulevard Columbus, OH 43221	Battelle Memorial Inst. Manager	payroll deduction	120.00 (20/mo)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 240.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
R. L. Zieg 4655 Yantis New Albany, OH 43054	Battelle Memorial Inst. Manager	payroll deduction	120.00 (20/mo)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 240.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Battelle Memorial Inst. Manager		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Battelle Memorial Inst. Manager		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Battelle Memorial Inst. Manager		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Battelle Memorial Inst. Manager		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
	Battelle Memorial Inst. Manager		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 240.00

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

CA

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Loren Rosenthal 54 Chester Avenue Los Gatos, CA 95030	Battelle Memorial Inst.	payroll deduction	150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $ 300.00		(25/mo)
B. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 150.00

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

VA

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M. Douglass Todd 1000 Hardee Place Alexandria, VA 22304	Battelle Memorial Inst.	payroll deduction	120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $ 240.00		(20/mo)
B. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 120.00

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

WA

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 8 OF 11

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. W. J. Apley 135 Sherman Richland, WA 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $ 240.00	payroll deduction	$ 120.00 (20/mo)
B. T. J. Baranouskas 1219 Bridle Drive Richland, WA 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $ 240.00	payroll deduction	120.00 (20/mo)
C. G. H. Beeman 19 North Jefferson Kennewick, WA 99336 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $ 252.00	payroll deduction	126.00 (21/mo)
D. T. R. Fox 10824 West Court Street Pasco, WA 99301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $ 240.00	payroll deduction	120.00 (20/mo)
E. Bill Grinstein 2322 Federal Avenue E Seattle, WA 98102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $ 360.00	payroll deduction	180.00 (30/mo)
F. R.J. Hall 22009 S. Spruce Kennewick, WA 99337 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $ 300.00	payroll deduction	150.00 (25/mo)
G. G. R. Hoenes 4610 Baja Drive Pasco, WA 99301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date: $ 240.00	payroll deduction	120.00 (20/mo)

SUBTOTAL of Receipts This Page (optional)	936.00
TOTAL This Period (last page this line number only)	

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WA

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 9 OF 11

FOR LINE NUMBER 11 a i

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)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. K. L. Hoewing 711 Redwood Court Richland, WA 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 240.00	payroll deduction	$120.00 (20/mo)
B. Michael Kluse 3410 W 42d Place Kennewick, WA 99337 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 275.00	payroll deduction	125.00 (25/mo)
C. R. E. Leber 4411 King Drive West Richland, WA 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 300.00	payroll deduction	150.00 (25/mo)
D. W. J. Madia 430 Broadmoor Richland, WA 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 780.00	payroll deduction	390.00 (65/mo)
E. JT A Roberts 2001 Harris Richland, WA 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 300.00	payroll deduction	150.00 (25/mo)
F. B.D. Shipp 223 Pine Tree Lane Richland, WA 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 252.00	payroll deduction	126.00 (21/mo)
G. J. W. Smith 6732 West 9th Place Kennewick, WA 99336 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 300.00	payroll deduction	150.00 (25/mo)

SUBTOTAL of Receipts This Page (optional) 1,211.00

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

WA

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. E. J. Stenehjem 189 Greenview Drive Richland, WA 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 300.00	payroll deduction	$150.00 (25/mo)
B. G. M. Stokes 124 Orchard Way Richland, WA 99352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 300.00	payroll deduction	150.00 (25/mo)
C. G. L. Work 10712 West Court Pasco, WA 99301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 240.00	payroll deduction	120.00 (20/mo)
D. J. W. Woods 4516 55th Avenue NE Seattle, WA 98105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $ 249.96	payroll deduction	124.98 (20.83/mo)
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Battelle Memorial Inst. Occupation: Manager 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):	Battelle Memorial Inst. Occupation: Manager 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):	Battelle Memorial Inst. Occupation: Manager Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 544.98

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

MD .

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 11

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Clarke 5616 Bent Branch Road Bethesda, MD 20816	Battelle Memorial Inst.	payroll deduction	$150.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $ 300.00		(25/mo)
B. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer: Battelle Memorial Inst.	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Manager Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 150.00

TOTAL This Period (last page this line number only) 7,251.98

· MD ·

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mikulski for Senate P. O. Box 13147 Baltimore, MD 21203	U.S. Senate - MD Disbursement for: [x] Primary [ ] General [ ] Other (specify)	7/14/97	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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NV

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Friends for Harry Reid 245 2d Street NE Washington, D. C. 20002	U.S. Senate - NV Disbursement for: [x] Primary [ ] General [ ] Other (specify)	12/17/97	1,000.00
B.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 1,000.00

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

FETAN047

OH

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Voinovich for Senate P. O. Box 21030 Alexandria, VA 22320	U.S. Senate - OH Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/10/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	

FEC FORM 3

WA

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
People for Patty Murray P. O. Box 3662 Seattle, WA 98124	U.S. Senate - WA Disbursement for: [x] Primary [ ] General [ ] Other (specify)	8/27/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nethercutt for Congress c/o 3001 Park Center Drive, Suite 1105 Alexandria, VA 22302	U.S. House - WA 5th Disbursement for: [x] Primary [ ] General [ ] Other (specify)	12/17/97	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,500.00
TOTAL This Period (last page this line number only)	4,000.00

FE7AN047

'OH'

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
BATTELLE MEMORIAL INSTITUTE GOOD GOVERNMENT COMMITTEE

A. Full Name, Mailing Address and ZIP Code Taft for Ohio 1163 Neil Avenue Columbus, OH	Purpose of Disbursement Governor - OH Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 10/6/97	Amount of Each Disbursement This Period 250.00
B. Full Name, Mailing Address and ZIP Code Jackson for City Attorney 410 South Chesterfield Columbus, OH 43209	Purpose of Disbursement City Attorney - Col. OH Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 11/1/97	Amount of Each Disbursement This Period 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

FE6AN069

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 recived.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☒	Registerd/Certified Mail	POSTMARKED 1-29-98
☐	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	

MVD — PREPARER

2-5-98 — DATE PREPARED

(7/97)