

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 22 1 04 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
The Society of the Plastics Industry, Inc.
Political Action Committee (Plastics PAC)

ADDRESS (number and street) Check if different than previously reported
1801 K Street NW, Ste 600K

CITY, STATE and ZIP CODE
Washington, DC 20006

2. FEC IDENTIFICATION NUMBER
C 000309716

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

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

- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

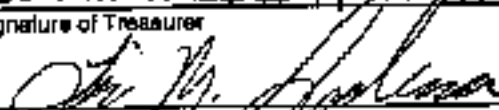
(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period 01-01-98 through 3-31-98		
6. (a) Cash on Hand January 1, 1998		\$ 2915.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 2915.00	
(c) Total Receipts (from Line 19)	\$ 1,270.00	\$ 1,270.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 4,185.00	\$ 4,185.00
7. Total Disbursements (from Line 20)	\$ 1,000.00	\$ 1,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,185.00	\$ 3,185.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 950 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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
Lori M. Anderson, Assistant Treasurer

Signature of Treasurer



Date

4-16-98

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 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
	01-01-98	3-31-98	
I Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1270.00	1270.00	11408
ii. Unitemized	0		11409
iii. Total (add i and ii) >	1270.00	1270.00	11409
b. Political Party Committees	0	0	1169
c. Other Political Committees (such as PACs)	0	0	1169
d. Total Contributions (add a ii, b and c) >	1270.00	1270.00	1169
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1270.00	1270.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	1270.00	1270.00	20
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21a(i)
ii. Non-Federal Share	0	0	21a(ii)
b. Other Federal Operating Expenditures	0	0	21b
c. Total Operating Expenditures (add a i, a ii, and b) >	0	0	21c
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	1000.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0	0	28a
b. Political Party Committees	0	0	28b
c. Other Political Committees (such as PACs)	0	0	28c
d. Total Contribution Refunds (add a, b and c) >	0	0	28d
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >	1000.00	1000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1000.00	1000.00	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1270.00	1270.00	32
33. Total Contribution Refunds (from line 29d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1270.00	1270.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

The Society of the Plastics Industry, Inc. - Plastics PAC

A. Full Name, Mailing Address and ZIP Code Lewis R. Freeman 4412 16th Street, N. Arlington, VA 22207 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Society of the Plastics Industry, Inc. Occupation Vice President Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period \$ 150.00 (\$25.00 biweekly)
B. Full Name, Mailing Address and ZIP Code Robert Buerett 30 Parsonage Lot Road Lebanon, NJ 08833 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Society of the Plastics Industry, Inc. Occupation Executive Director, VI Aggregate Year-to-Date > \$ 84.00	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period \$ 84.00 (\$14.00 biweekly)
C. Full Name, Mailing Address and ZIP Code John Snyder 316 Buenside Street Apt. 305 Annapolis, MD 21403 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Society of the Plastics Industry, Inc. Occupation Deputy Director, SIRC Aggregate Year-to-Date > \$ 12.00	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period \$ 12.00 (\$2.00 biweekly)
D. Full Name, Mailing Address and ZIP Code Ronald G. Bruher 18940 Linden House Road Gaithersburg, MD 20879 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Society of the Plastics Industry, Inc. Occupation Vice President Aggregate Year-to-Date > \$ 30.00	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period \$ 30.00 (\$5.00 biweekly)
E. Full Name, Mailing Address and ZIP Code John R. Maguire 805 Polo Place Great Falls, VA 22066 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Society of the Plastics Industry, Inc. Occupation Vice President Aggregate Year-to-Date > \$ 60.00	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period \$ 60.00 (\$10.00 biweekly)
F. Full Name, Mailing Address and ZIP Code Fran Lichtenburg 199 Woodbine Lane Fairfield, CT 06432 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Society of the Plastics Industry, Inc. Occupation Executive Director Aggregate Year-to-Date > \$ 84.00	Date (month, day, year) payroll deduction	Amount of Each Receipt this Period \$ 84.00 (\$14.00 biweekly)
G. Full Name, Mailing Address and ZIP Code Charles Bentley P.O. Box 429 Dayville, CT 06241 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cott's Plastics Co., Inc. Occupation President Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 1/8/98	Amount of Each Receipt this Period \$ 500.00

SUBTOTAL of Receipts This Page (optional) 920.00

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 2 OF 2
FOR LINE NUMBER 110

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NAME OF COMMITTEE (In Full)

The Society of the Plastics Industry, Inc - Plastics PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John L. Hull 21 Bonair Drive Warminster, PA 18974	Hull Corporation	1/8/98	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 100.00	
B. Full Name, Mailing Address and ZIP Code R. Bruce Grover 3123 S. 9th Street Sheboygan, WI 53082	Name of Employer Vinyl Plastics Inc.	Date (month, day, year) 1/8/98	Amount of Each Receipt this Period \$ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 250.00	
C. 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 > \$	
D. 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 > \$	
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 > \$	

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

1270.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

The Society of the Plastics Industry, Inc. - Plastics PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Voinovich For Senate 8 East Broad Street, 8th Floor Columbus, Ohio 43215	Campaign Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/24/98	\$1,000.00
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 Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$1,000.00


TOTAL This Period (last page this line number only)

\$1,000.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 04/20/98
<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 and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	04/22/98 DATE PREPARED