

JEMPAC

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

New Jersey Medical Political Action Committee

12 Princess Road □ Lawrenceville, NJ 08648-2302 □ Tel 609/896-1756 □ Fax 609/896-1368

JUL 11 12 02 PM '98

July 14, 1998

Federal Election Commission
999 E. Street, N.W.
Washington, D.C. 20463

Enclosed please find the New Jersey Medical Political Action Committee's (JEMPAC) July 15th Quarterly Report of financial activity for 1998.

Sincerely yours,



Barbara S. Mihalik
Executive Director/
Assistant Treasurer

BSM/mlb
Enclosure

cc: NJ Election Division

Contributions to AMPAC and State PAC are not deductible as charitable contributions for Federal income tax purposes.

If your practice is incorporated, JEMPAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK. Contributions are not limited to the suggested amount. Neither the AMA nor the Medical Society of New Jersey will serve or disavowings anyone based on the amount of or failure to make PAC contributions. Copies of JEMPAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, DC. Contributions are subject to the limitations of FEC Regulations, Sections 110.1, 110.2, and 110.5 (Federal regulations require this notice).

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) (JEMPAC)
New Jersey Medical Political Action Committee

ADDRESS (number and street) Check if different than previously reported
Two Princess Road

CITY, STATE and ZIP CODE
Lawrenceville, NJ 08648

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 17 12 02 PM '98

2. FEC IDENTIFICATION NUMBER
G 000 39123

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
5. Covering Period	4/1/98 through 6/30/98		
6. (a) Cash on Hand January 1, 19 98			\$10,250.23
(b) Cash on Hand at Beginning of Reporting Period		\$ 11,299.79	
(c) Total Receipts (from Line 19)		\$ 21,082.96	\$29,718.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 32,382.75	\$39,969.00
7. Total Disbursements (from Line 30)		\$ 14,268.73	\$ 21,854.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 18,114.02	\$ 18,114.02
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 980 E Street, NW Washington, DC 20463 Toll Free 800-424-6530 Local 202-694-1100
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 ~~Barbara S. Mihalik~~ Assistant Treasurer
Barbara S. Mihalik

Signature of ~~Barbara S. Mihalik~~ Assistant Treasurer
Barbara S. Mihalik

Date
7/14/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE New Jersey Medical Political Action Committee (JEMPAC)	REPORT COVERING PERIOD FROM 4/1/98 TO: 6/30/98	
	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)	2,500.00	2,750.00
ii. Unitemized	18,545.00	26,893.00
iii. Total (add i and ii) >	21,045.00	29,643.00
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a ii, b and c) >	21,045.00	29,643.00
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	37.96	75.77
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	21,082.96	29,718.77
20. Total Federal Receipts (subtract line 18 from line 19) >	21,082.96	29,718.77
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	-0-	-0-
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	3,313.73	5,749.98
c. Total Operating Expenditures (add a i, a ii, and b) >	3,313.73	5,749.98
22. Transfers to Affiliated/Other Party Committees	8,955.00	12,605.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	3,500.00
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14,268.73	21,854.98
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	14,268.73	21,854.98
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	21,045.00	29,643.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	21,045.00	29,643.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	3,313.73	5,749.98
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >	3,313.73	5,749.98

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11 a.f.

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)

New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sunil K. Singh, MD 15 Sea Garden Drive Linwood, NJ 08221	self-employed	4/1/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Occupation: physician	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eileen Moynihan, MD 1304 Maple Avenue Haddon Heights, NJ 08035	self-employed	4/13/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Occupation: physician	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
Palma Formica, MD 5 Southwood Drive Old Bridge, NJ 08857	self-employed	4/14/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Occupation: physician	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry M. Carnes, MD West Pine & Atlantic Avenue Audubon, NJ 08106	self-employed	4/20/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Occupation: physician	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Gregory Sachs, MD 92 Mountain Avenue Summit, NJ 07901	Summit Medical Group	5/5/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Occupation: physician	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard B. Baum, MD 221 Webster Drive Wayne, NJ 07470	self-employed	5/5/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Occupation: physician	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark S. Pascal, MD 5 Summit Avenue Hackensack, NJ 07601	Memorial Oncology Association, P.A.	5/21/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Occupation: physician	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

1,750.00

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 11 a.i.

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NAME OF COMMITTEE (In Full)

New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eyangelos Megariotis, MD 1450 Main Avenue Clifton, NJ 07011	self-employed Occupation: physician	5/26/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony P. Caggiano, Jr., MD 123 Highland Avenue Glen Ridge, NJ 07028	self-employed Occupation: physician	6/1/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	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
Austin Kutscher, MD 48 Bonnell Street Flemington, NJ 08822	self-employed Occupation: physician	6/9/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Aggregate Year-to-Date > \$ 250.00		
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):	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):	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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	2,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

17

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morgan Stanley Dean Witter Trust FSB Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311	N/A	4/30/98	12.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Morgan Stanley Dean Witter Trust FSB Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311	N/A	5/29/98	12.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code Morgan Stanley Dean Witter Trust FSB Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311	N/A	6/30/98	13.42
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	Aggregate Year-to-Date > \$ 75.77	
D. Full Name, Mailing Address and ZIP Code			
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			
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			
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			
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) 37.96

TOTAL This Period (last page this line number only) 37.96

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21.b

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 committees.

NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Medical Society of New Jersey 2 Princess Road Lawrenceville, NJ 08648	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/15/98	1,600.00
B. Full Name, Mailing Address and ZIP Code AMPAC 1100 Vermont Avenue, N.W. 12th floor Washington, DC 20005	Mailing expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6/1/98	1,684.65
C. Full Name, Mailing Address and ZIP Code PNC Bank PO Box 609 Pittsburgh, PA 15230-9738	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/1/98	16.04
D. Full Name, Mailing Address and ZIP Code PNC Bank PO Box 609 Pittsburgh, PA 15230-9738	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	5/1/98	4.26
E. Full Name, Mailing Address and ZIP Code PNC Bank PO Box 609 Pittsburgh, PA 15230-9738	Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6/1/98	8.78
F. Full Name, Mailing Address and ZIP Code			
G. Full Name, Mailing Address and ZIP Code			
H. Full Name, Mailing Address and ZIP Code			
I. Full Name, Mailing Address and ZIP Code			

SUBTOTAL of Disbursements This Page (optional)

3,313.73

TOTAL This Period (last page this line number only)

3,313.73

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

22

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NAME OF COMMITTEE (In Full)

New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Avenue, N.W. 12th Floor Washington, DC 20005	Funds raised through joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/8/98	1,050.00
AMPAC 1101 Vermont Avenue, N.W. 12th Floor Washington, DC 20005	Funds raised through joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/17/98	700.00
AMPAC 1101 Vermont Avenue, N.W. 12th Floor Washington, DC 20005	Funds raised through joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/24/98	355.00
AMPAC 1101 Vermont Avenue, N.W. 12th Floor Washington, DC 20005	Funds raised through joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	5/19/98	1,600.00
AMPAC 1101 Vermont Avenue, N.W. 12th Floor Washington, DC 20005	Funds raised through joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6/2/98	3,050.00
AMPAC 1101 Vermont Avenue, N.W. 12th Floor Washington, DC 20005	Funds raised through joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6/12/98	1,500.00
AMPAC 1101 Vermont Avenue, N.W. 12th Floor Washington, DC 20005	Funds raised through joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6/18/98	700.00
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)

8,955.00

TOTAL This Period (last page this line number only)

8,955.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JENPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Governor's Victory Fund P. O. Box 154 Skillman, NJ 08538	General Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	5/26/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Lo Biondo for Congress PO Box 550 Vineland, NJ 08360-0550	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/18/98	1,000.00
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)	2,000.00
TOTAL This Period (last page this line number only)	2,000.00

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 2/14/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>SKP</i> PREPARER	 <i>2/12/98</i> DATE PREPARED