REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
JAN 30 9 03 AM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Committee For The Preservation of Capitalism

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 22614

CITY, STATE and ZIP CODE
Alexandria, VA 22304

2. FEC IDENTIFICATION NUMBER
C00328468

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 11/24/98 through 12/31/98		$ 68017.44
6. (a) Cash on Hand January 1, 1998	$ 21,646.04	
(b) Cash on Hand at Beginning of Reporting Period	$ 18797.03	$ 203,844.00
(c) Total Receipts (from Line 19)	$ 40,443.07	$ 271,861.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 416.00	$ 231,834.37
7. Total Disbursements (from Line 30)	$ 40,027.07	$ 40,027.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 0	
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)		

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-8420

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
BRUCE A. GATES

Signature of Treasurer
[signature]

Date
1-28-99

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)

FE2A0047

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

(revised 1/1/81)

NAME OF COMMITTEE: Committee For The Preservation of Capitalism

REPORT COVERING PERIOD FROM: 11/24/98 TO: 12/31/98

	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)	$ 1250.00	$ 32,000.00	11(a)(i)
ii. Unitemized	-0-	2975.00	11(a)(ii)
iii. Total (add i and ii) ➤	1250.00	34,975.00	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	$ 17500.00	167,750.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	$ 18,750.00	202,725.00	11(d)
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.)	47.03	1119.00	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) ➤	18,797.03	203,844.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$ 18,797.03	$ 203,844.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	416.00	70,334.37	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	416.00	70,334.37	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	$ 161,000.00	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. Individuals/Persons Other Than Political Committees	-0-	500.00	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	500.00	28(d)
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	416.00	231,834.37	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	416.00	231,834.37	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	$ 18,750.00	202,725.00	32
33. Total Contribution Refunds (from line 28d)	0	500.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	18750.00	202,225.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	416.00	70,334.37	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	416.00	70,334.37	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 5

FOR LINE NUMBER 11AI

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)

COMMITTEE FOR THE PRESERVATION of CAPITALISM

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JAMES B. CHRISTIAN, JR 4945 N. 34th STREET ARLINGTON VA 22207 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: REQUESTED Occupation: Aggregate Year-to-Date > $	12/1/98	$250.00
B. JERI DAVIS 703 KINGS COURT ALEXANDRIA, VA 22302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Self Occupation: HOMEMAKER Aggregate Year-to-Date > $	12/1/98	$500.00
C. Phillip MOSELEY 5867 COLFAX AVENUE ALEXANDRIA, VA 22311-1013 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: VAN SCOYOC, INC. WASHINGTON, DC Occupation: VICE-PRESIDENT Aggregate Year-to-Date > $	11/30/98	$500.00
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) $1250.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11b

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NAME OF COMMITTEE (In Full)
COMMITTEE FOR THE PRESERVATION of CAPITALISM

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. AMERICAN OCCUPATIONAL THERAPY PAC, 4720 MONTGOMERY LANE, BETHESDA, MD 20824		11/30/98	$1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 3027.00		
B. ASSOCIATION FOR THE ADVANCEMENT of PSYCHOLOGY PAC, PO Box 38129, COLORADO SPRINGS, CO 80937		12/1/98	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
C. THE PRUDENTIAL INSURANCE PAC, 1140 CONNECTICUT AVE, NW #510, WASHINGTON, DC 20036		12/1/98	$2500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5000.00		
D. KOCH PAC, 1450 G. STREET NW, WASHINGTON, DC 20005		11/30/98	$1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. MASS MUTUAL PAC, 1295 STATE STREET, SPRINGFIELD, MASS 01111-0001		11/29/98	$1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000.00		
F. WELLPOINT HEALTH NETWORKS PAC, 21555 OXNARD ST, WOODLAND HILLS, CA 91367		12/1/98	$1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 3000.00		
G. Full Name, Mailing Address and ZIP Code			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > $7000.00

TOTAL This Period (last page this line number only) > $17,500.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 5

FOR LINE NUMBER 11C

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NAME OF COMMITTEE (In Full)
COMMITTEE FOR THE PRESERVATION of CAPITALISM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORTHWEST MUTUAL LIFE PAC 720 E. WISCONSIN AVE. MILWAUKEE, WIS 53202	Occupation		$1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2000.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ASWORTH PAC PO BOX 217 MEMPHIS, TN 38101	Occupation		$1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
MANOR HEALTHCARE CORP FED PAC 11555 DARNESTOWN RD GAITHERSBURG, MD 20878	Occupation		$1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
GASTROINTESTINAL PAC PO BOX 16515 ALEXANDRIA, VA 22302	Occupation		$1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
CHITIMACHA TRIBE of LOUISIANA P.O. BOX 661 CHARENTON, LA 70523	Occupation		$5000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 5000.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
OXLEY FOR CONGRESS P.O. BOX 2080 FINDLAY, OHIO 45839	Occupation		$1000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1000.00		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
McLANE PAC P.O. BOX 128 TEMPLE, TEXAS 76503	Occupation		$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		

SUBTOTAL of Receipts This Page (optional) $10,500.00

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 4 OF 5

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

COMMITTEE FOR THE PRESERVATION of CAPITALISM

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CRESTAR BANK PO Box 85024 RICHMOND, VA 23285-5024	INTEREST	12/31/98	$ 47.03
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 1119.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	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
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) $47.03

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 5

FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)
Committee for the Preservation of Capitalism

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. Richard J. Hunt, 5974 Kimberly Ann Way, Alexandria, VA 22310	Shipping Expenses	12/9/98	$416.00
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) $416.00

FEBAN064

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.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 1-28-97
☐	Registered/Certified Mail	POSTMARKED
☐	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	

JMN
PREPARER

1-30-97
DATE PREPARED

(4/96)