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)
United Seniors PAC Inc.

ADDRESS (number and street) ☐ Check if different than previously reported
6932 N. Fairfax Drive #204

CITY, STATE and ZIP CODE
Arlington, VA 22213

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER
C00077354

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

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

☐ Thirtieth day 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 4/1/99 through 6/30/99		
6. (a) Cash on Hand January 1, 1999		$ 130,066.04
(b) Cash on Hand at Beginning of Reporting Period	$ 126,268.75	
(c) Total Receipts (from Line 19)	$ 497.28	$ 1442.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 126,766.03	$ 131,508.32
7. Total Disbursements (from Line 30)	$ 8891.49	$ 13,633.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 117,874.54	$ 117,874.54
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)	$ 336,002.08	

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
Rosemary Boulter

Signature of Treasurer
Rosemary Boulter

Date
7/29/99

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)

4-00173

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

(revised 1/1/91)

NAME OF COMMITTEE: United Seniors PAC Inc

REPORT COVERING PERIOD FROM: 4/1/99 TO: 6/30/99

	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)			11(a)
ii. Unitemized	167.00	1112.00	11(a)
iii. Total (add i and ii) ➤	167.00	1112.00	11(a)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	167.00	1112.00	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.)	330.28	330.28	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	497.28	1442.28	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	497.28	1442.28	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)
ii. Non-Federal Share			21(a)
b. Other Federal Operating Expenditures	5,741.49	7483.78	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	5,741.49	7483.78	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	6,000.00	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	150.00	150.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8891.49	13,633.78	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	8891.49	13,633.78	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	167.00	1112.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	167.00	1112.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	5741.49	7483.78	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	5741.49	7483.78	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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)

United Seniors PAC Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robertson Mailing List Co. 11921 Freedom Drive #350 Reston, VA 22090	List Rental Income	4/23/99	330.28
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 330.28		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
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
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
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
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
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	330.28

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 32

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

United Seniors PAC Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Parcel Service P.O. Box 4980 Hagerstown, MD 21747	Delivery Service Disbursement for: Primary General Other (specify)	4/23/99 4/9/99 4/22/99	10.25 11.75 11.75
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DirecTech, Inc. 8595 Grovemont Circle Gaithesburg, MD 20877	Caging Services Disbursement for: Primary General Other (specify)	4/30/99 5/6/99 5/24/99	48.24 120.00 50.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
(same as above)	Disbursement for: Primary General Other (specify)	6/10/99 6/17/99	42.41 85.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D.K. Heidinger, CPA, P.C. 10694-A Crestwood Drive Manassas, VA 20109	Accounting Services Disbursement for: Primary General Other (specify)	5/6/99 5/24/99 6/17/99	151.22 126.11 151.22
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Seniors Association Inc 3900 Jermantown Rd Fairfax, VA 22030	Reimbursement for Meal Disbursement for: Primary General Other (specify)	4/19/99	54.82
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rosemary Boulter 6932 N. Fairfax Drive Arlington, VA 22213	Bookkeeping Services Disbursement for: Primary General Other (specify)	4/21/99 5/4/99 6/17/99	87.50 128.00 120.50
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
(same as above)	Disbursement for: Primary General Other (specify)	6/30/99	70.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rosemary Boulter 6932 N. Fairfax Drive Arlington, VA 22213	Reimbursement for Delivery Services Disbursement for: Primary General Other (specify)	6/7/99	21.50
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anita Benjamin 320 Hume Avenue Alexandria, VA 22301	Consulting Services Disbursement for: Primary General Other (specify)	4/30/99	157.50

SUBTOTAL of Disbursements This Page (optional) 1,449.77

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

4-00170

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 21b

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)

United Seniors PAC Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Herge, Sparks & Christopher 6860 Elm Street McLean, VA 22102	Legal Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/7/99 6/9/99	586.22 247.50
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
William W. Pascoe 800 S. St. Asaph St #311 Alexandria, VA 22314	Consulting Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/11/99	3,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
U.S. Postmaster Arlington, VA	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/12/99	33.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Treasurer of Virginia State Corporation Comm. Richmond, VA	Annual Report Filing Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/7/99	25.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
U.S. Postmaster 900 Brentwood Road, NE Washington, DC 20066	Permit Renewal & Accounting Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/30/99 6/30/99	300.00 100.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 4,291.72

TOTAL This Period (last page this line number only) 5,741.49

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE ___ OF ___

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

United Seniors PAC Inc.

A. Full Name, Mailing Address and ZIP Code Pete Sessions for Congress c/o 1318 LHOB U.S. House of Representatives Washington, DC 20515	Purpose of Disbursement Contribution Pete Sessions – Congress Texas – 5th Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/9/99	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Mc Intosh for Congress c/o 1610 LHOB US House of Representatives Washington, DC 2015	Purpose of Disbursement Contribution David McIntosh – Congress Indiana – 2nd Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4/21/99	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code ARMPAC PO Box 5804 Arlington, VA 22205	Purpose of Disbursement Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 5/19/99	Amount of Each Disbursement This Period 1,000.00
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) 3,000.00

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)

United Seniors PAC Inc.

A. Full Name, Mailing Address and ZIP Code Craig for Delegate PO Box 1758 Springfield, VA 22151	Purpose of Disbursement Contribution Chris Craig - Virginia House of Delegates Disbursement for: Primary ✓ General Other (specify)	Date (month, day, year) 5/19/99	Amount of Each Disbursement This Period 150.00
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)	
TOTAL This Period (last page this line number only)	150.00

4-00173

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 2 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
United Seniors PAC Inc				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Jack Understein Suite 740, Kenwood Bldg. 5272 River Road Washington, DC 20016	20165.00	-0-	-0-	20165.00
Nature of Debt (Purpose): Accounting				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Ram Printing 1112 N. Fairfax Street Alexandria, VA 22314	200.08	-0-	-0-	200.08
Nature of Debt (Purpose): Printing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor The Mail Room 7155 Furnace Branch Rd Glen Burnie, MD 21062	807.01	-0-	-0-	807.01
Nature of Debt (Purpose): Office/Computer Supplies				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Computer Dynamics King Street Alexandria, VA 22314	15.00	-0-	-0-	15.00
Nature of Debt (Purpose): Computer Services				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Telepost 1951 Kidwell Drive #340 Vienna, VA 22180	1984.74	-0-	-0-	1984.74
Nature of Debt (Purpose): Postage				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Baltimore Mailing Services 555 Furnace Branch Rd Glen Burnie, MD 20162	324.84	-0-	-0-	324.84
Nature of Debt (Purpose): Postage				

1) SUBTOTALS This Period This Page (optional)	5396.67
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

4-00173

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 2 of 2 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
United Seniors PAC Inc.				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Direct Data Systems 7015 Old Keene Mill Road Springfield, VA 22150	99,849.22	-0-	-0-	99,849.22
Nature of Debt (Purpose): Computer Services/Printing				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Continental Telemarketing 2440 Wilson Boulevard Arlington, VA 22201	229,722.50	-0-	-0-	229,722.50
Nature of Debt (Purpose): Telemarketing				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Direc Tech, Inc. 8595 Grovemont Circle Gaithersburg, MD 20877	-0-	1,379.34	345.65	1,033.69
Nature of Debt (Purpose): Caging & Computer Services				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	330,605.41
2) TOTALS This Period (last page in this line only)	336,002.08
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	336,002.08

4-001 T3

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 7/30/99
☐	First Class Mail	POSTMARKED
☐	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	

[illegible]	7/30/99
PREPARER	DATE PREPARED

(4/98)