

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

APR 20 2 35 PM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**Motorcycle Rights Fund  
Politically Active Cyclists**

ADDRESS (number and street)  Check if different than previously reported  
**P.O. Box 1808**

CITY, STATE and ZIP CODE  
**Washington DC 20013**

2. FEC IDENTIFICATION NUMBER  
**C00298354**

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: <b>1-1-98</b> through <b>3-31-98</b>		
8. (a) Cash on Hand January 1, 19 <b>98</b>		\$ 3697.97
(b) Cash on Hand at Beginning of Reporting Period	\$ 3697.97	
(c) Total Receipts (from Line 19)	\$ 0	\$ 0
(d) Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)	\$ 3697.97	\$ 3697.97
7. Total Disbursements (from Line 30)	\$ 779.13	\$ 779.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	\$ 2918.84	\$ 2918.84
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  
800 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9630  
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

**Thomas Paulsen**

Signature of Treasurer

Date

**4/15/98**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

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

(revised 1/1/91)

NAME OF COMMITTEE: Motorcycle Rights Fund Politically Active Chapter REPORT COVERING PERIOD FROM 1-1-95 TO 3-31-95

Table I: Receipts. Rows include Contributions (other than loans) From: a. Individual/Persons Other Than Political Committees (i. Itemized, ii. Unitemized), b. Political Party Committees, c. Other Political Committees (such as PACs), d. Total Contributions. Also includes Transfers From Affiliated/Other Party Committees, All Loans Received, Loan Repayments Received, Offsets To Operating Expenditures, Refunds of Contributions Made to Federal Candidates and Other Political Committees, Other Federal Receipts, Transfers from Nonfederal Account for Joint Activity, Total Receipts, and Total Federal Receipts.

Table II: Disbursements. Rows include Operating Expenditures: a. Shared Federal/Non-Federal Activity (i. Federal Share, ii. Non-Federal Share), b. Other Federal Operating Expenditures, c. Total Operating Expenditures. Also includes Transfers to Affiliated/Other Party Committees, Contributions to Federal Candidates/Committees and Other Political Committees, Independent Expenditures, Coordinated Expenditures Made by Party Committees, Loan Repayments Made, Loans Made, Refunds of Contributions To: a. Individual/Persons Other Than Political Committees, b. Political Party Committees, c. Other Political Committees, d. Total Contribution Refunds, Other Disbursements, Total Disbursements, and Total Federal Disbursements.

Table III: Net Contributions/Operating Expenditures. Rows include Total Contributions (other than loans) (from line 11d), Total Contribution Refunds (from line 28d), Net Contributions (other than loans) (subtract line 33 from 32), Total Federal Operating Expenditures, Offsets to Operating Expenditures (from line 15), and Net Operating Expenditures (subtract line 36 from 35).

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1 FOR LINE NUMBER 30

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 (Include)

Motorcycle Rights Fund Politically Active Cyclists

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wheeler for Congress 4451 Brookfield Corp Dr #200 Charlottesville, VA 20151-1652	reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/98	\$250
B. Full Name, Mailing Address and ZIP Code Citizens for Tom Petri 4451 Brookfield Corp Dr #200 Charlottesville, VA 20151-1652	breakfast Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/98	\$250
C. Full Name, Mailing Address and ZIP Code Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740	reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/98	\$250
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)


TOTAL This Period (use page this line number only)

\$750.00

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 4-15-98
<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	4-20-98 DATE PREPARED