REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

MAR 25 12 20 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Professinnal Insurance Agents Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
400 N. Washington Street

CITY, STATE and ZIP CODE
Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER
C 0000 4994

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 02/01/98 through 02/28/98		
6. (a) Cash on Hand January 1, 19 98		$ 4,304.37
(b) Cash on Hand at Beginning of Reporting Period	$ 7,290.74	
(c) Total Receipts (from Line 19)	$ 21,645.75	$ 25,755.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 28,936.49	$ 30,059.78
7. Total Disbursements (from Line 30)	$ 572.06	$ 1,695.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 28,364.43	$ 28,364.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

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
Dean R. Sackett, III

Signature of Treasurer
Dean R. Sackett III

Date
3-22-98

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

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 Professional Insurance Agents Political Action Committee

REPORT COVERING PERIOD FROM 02/01/98 TO: 02/28/98

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)	11,301.00	13,301.00	11(a)(i)
ii. Unitemized	10,318.98	12,408.98	11(a)(ii)
iii. Total (add i and ii) ➤	21,619.98	25,709.98	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	21,619.98	25,709.98	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	25.77	45.43	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	21,645.75	25,755.41	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	21,645.75	25,755.41	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	122.06	245.35	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	122.06	245.35	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	450.00	1,450.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	572.06	1,695.35	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	572.06	1,695.35	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	21,619.98	25,709.98	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	21,619.98	25,709.98	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	122.06	245.35	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	122.06	245.35	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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)
Professional Insurance Agents Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Donald E. Suhr P.O. Box 326 Seward, NE 68434-0326 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Suhr-Imig Insurance Agency Inc Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/02/98	250.00
B. Arthur I. Moll River Bridge 2509 Egret Lake Drive West Palm Beach, FL 33413 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Arthur I Moll, Inc. Occupation: Insurance Agent/Producer Aggregate Year-to-Date > $ 400.00	02/02/98	400.00
C. Sally Lewis-Butler 218 Roswell Street SE Marietta, GA 30060-2070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Andrews & Lewis of Atlanta, Inc. Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/04/98	250.00
D. Gary R. Mayo PO Box 66 Hanover, NH 03755-0066 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	A. B. Gile, Inc. Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/04/98	250.00
E. John G. Lee PO Box 847 Fredericksburg, VA 22404-0847 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lee-Curtis Ins Service Inc Occupation: Insurance Agent/Producer Aggregate Year-to-Date > $ 250.00	02/10/98	250.00
F. Craig Parker 202 South 8th Street Fredonia, KS 66736-1910 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Parker Insurance Agency Inc Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/10/98	250.00
G. Lewis L. Wilson P.O. Box 39 Cobleskill, NY 12043-0039 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Firemark Insurance Agency, Inc. Occupation: Insurance Agency Aggregate Year-to-Date > $ 1,000.00	02/10/98	1,000.00

SUBTOTAL of Receipts This Page (optional) 2,650.00

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

4-00170

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
Professional Insurance Agents Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Robert B. Gyle III P.O. Box 1826 New Fairfield, CT 06812-1826 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: ALCO Insurance Inc Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/10/98	250.00
B. Richard L. Strek P.O. Box 159 Pierce, NE 68767-0159 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Town & Country Agency Occupation: Insurance Agency Aggregate Year-to-Date > $ 500.00	02/10/98	500.00
C. Rodney B. Leavitt P.O. Box 15350 Las Vegas, NV 89114-5350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Leavitt Insurance Agency Occupation: Insurance Agency Aggregate Year-to-Date > $ 500.00	02/10/98	500.00
D. Gordon L. Miller 7905 West Appleton Ave Milwaukee, WI 53218-4580 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Mid-Towne Insurance Center, Inc. Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/10/98	250.00
E. Steven J. Harter RR 5 Box 438 Ava, MO 65608-9109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Select Risk Management Inc Occupation: Insurance Agency Aggregate Year-to-Date > $ 500.00	02/10/98	500.00
F. R. Tim Reed P.O. Box 431 Wheeling, WV 26003-0055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Outdoor Underwriters, Inc. Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/10/98	250.00
G. Thomas V. Arneson PO Box 464 Fergus Falls, MN 56538-0464 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Arneson Agency Occupation: Insurance Agency Aggregate Year-to-Date > $ 500.00	02/10/98	500.00

SUBTOTAL of Receipts This Page (optional) 2,750.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 5

FOR LINE NUMBER 11 a i

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)
Professional Insurance Agents Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Kenneth A. Krause PO Box 110 Branford, CT 06405-0110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Anderson-Krause Inc Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/10/98	250.00
B. Lawrence S. Schafer P.O. Box 358 Carleton, MI 48117-0358 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Schafer Agency of Carleton Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/10/98	250.00
C. Mark Lauderdale P.O. Box 991 Cushing, OK 74023-0991 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mark Lauderdale Insurance Occupation: Insurance Agency Aggregate Year-to-Date > $ 500.00	02/10/98	500.00
D. John G. Riley P.O. Box 4078 Salisbury, NC 28145-4078 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Carolina Insurance Agency, Inc. Occupation: Insurance Agency Aggregate Year-to-Date > $ 500.00	02/10/98	500.00
E. Donald H. Flanders P.O. Box 1346 Laconia, NH 03247-1346 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Byse Agency, Inc. Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/10/98	250.00
F. Brian S. Bays P.O. Box 1726 Annapolis, MD 21404-1726 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Jack Martin & Associates, Inc. Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/10/98	150.00
G. Carter A. Peterson P.O. Box 100 Wayne, NE 68787-0100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northeast Nebraska Insurance, Acency Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/18/98	250.00

SUBTOTAL of Receipts This Page (optional) 2,150.00

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

4-09178

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jeffrey H. Greenfield P.O. Box 847 Lynbrook, NY 11563-0847 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Newman Greenfield & List Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/18/98	250.00
B. Chester Perfetto P.O. Box 7050 Wyomissing, PA 19610-6050 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Chester Perfetto Agency Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/25/98	250.00
C. Timothy J. Smith PO Box 552 Lockport, NY 14095-0552 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: C W Baker Agency Inc Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/25/98	250.00
D. Kenneth Ashelm P.O. Box 87 Pierre, SD 57501-0087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Williams Insurance Of Pierre Occupation: Insurance Agency Aggregate Year-to-Date > $ 501.00	02/25/98	501.00
E. Leonard E. Freeman 1920 East 17th Street, #240 Santa Ana, CA 92705-8626 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Consolidated Orange County Ins Occupation: Insurance Agency Aggregate Year-to-Date > $ 500.00	02/25/98	500.00
F. John P. Kaiser 31 Ocean Reef Dr #A-202 Key Largo, FL 33037-5281 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Insurance by Kaiser Inc Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/25/98	250.00
G. Andrew H. Anderson 12001 Long Beach Blvd Beach Haven, NJ 08008-6270 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: G Anderson Agency Occupation: Insurance Agent/Producer Aggregate Year-to-Date > $ 250.00	02/26/98	250.00

SUBTOTAL of Receipts This Page (optional) 2,251.00

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

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
Professional Insurance Agents Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Eugene E. Sberna 1154 Winwood Dr PO Box 5001 Lake Forest, IL 60045-1199 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sberna & Associates Occupation: Insurance Agency Aggregate Year-to-Date > $ 500.00	02/26/98	500.00
B. Sheryl S. Crawford 105 Corporate Dr Carrollton, GA 30117-2465 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Crawford Insurance Agcy Inc Occupation: Insurance Agency Aggregate Year-to-Date > $ 500.00	02/27/98	500.00
C. John K. Shipman Jr. 51 S 4th St Sunbury, PA 17801-2730 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mid-Penn Ins Associates Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/27/98	250.00
D. Dane O. Leavitt PO Box 130 Cedar City, UT 84721-0130 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	The Leavitt Group Agcy Assoc Occupation: Insurance Agency Aggregate Year-to-Date > $ 250.00	02/27/98	250.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 1,500.00

TOTAL This Period (last page this line number only) 11,301.00

4-00173

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

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)
Professional Insurance Agents Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Crestar Bank Washington, DC	INDIVIDUAL BANK FEES-FEB '98 Disbursement for: Primary General Other (specify)	02/28/98	122.06
B.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	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)	122.06
TOTAL This Period (last page this line number only)	122.06

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
Professional Insurance Agents Political Action Committee

A. Full Name, Mailing Address and ZIP Code Ewing for Congress PO Box 766 Pontiac, IL 61764	Purpose of Disbursement Thomas W. Ewing, U.S. HOUSE 15th IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 1998	Date (month, day, year) 02/05/98	Amount of Each Disbursement This Period 450.00
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)	450.00
TOTAL This Period (last page this line number only)	450.00

4-00173

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 recived.

☐	Hand Delivered	Date of Receipt
☑	First Class Mail	POSTMARKED 3/23/98
☐	Registerd/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	

D.A.Q. — PREPARER

3/25/98 — DATE PREPARED

(7/97)