



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20460

RQ-3

November 30, 2000

Duane Neal, Treasurer
Asa Hutchinson for Congress
P.O. Box 2222
Fort Smith, AR 72902

Identification Number: C00320168

Reference: July Quarterly Report (5/04/00-6/30/00)

Dear Mr. Neal:

This letter is to inform you that as of November 29, 2000, the Commission has not received your response to our request for additional information, dated November 7, 2000. This notice requests information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to this request (copy enclosed).

An adequate response must be received at the Commission by December 20, 2000. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. Requests for extensions of time in which to respond will not be considered. Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter, please contact Stephen M. Kronfeld on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

Enclosure



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

Duane Neal, Treasurer
Asa Hutchinson for Congress
P.O. Box 2222
Fort Smith, AR 72902

NOV 7 2000

Identification Number: C00320168

Reference: July Quarterly Report (5/04/00-6/30/00)

Dear Mr. Neal:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report discloses a contribution(s) which appears to exceed the limits set forth in the Act (copies attached). You should examine all of your contributions to check for additional excessives. The Committee's procedures for proccssing contributions should also be reviewed.

An individual or a political committee other than a qualified multicandidate committee may not make a contribution to a candidate for federal office in excess of \$1,000 per election. A qualified multicandidate committee and all affiliated committees may not make a contribution(s) to a candidate for federal office in excess of \$5,000 per election. The term "contribution" includes any gift, subscription, loan, advance, or deposit of money or anything of value made by any person for the purpose of influencing any election for federal office. (2 U.S.C. §441a(a) and (f); 11 CFR §110.1(b), (e) and (k))

If the contribution(s) in question was not completely or correctly reported, you should amend your original report using the new or corrected information. If the contribution(s) exceeds the limits, you should either refund to the donor the amount in excess of \$1,000 or request a written redesignation and/or reattribution of the contribution(s) from the donor. All

refunds, redesignations, and reattributions must be made within sixty days of receipt of the contribution. Copies of refund checks and copies of letters reattributing or redesignating the contributions in question may be used to respond to this letter. Refunds are reported on Line 20 of the Detailed Summary Page and on a supporting Schedule B of the report covering the period in which they are made. Redesignations and reattributions are reported as memo entries on Schedule A of the report covering the period in which the authorization for the redesignation and/or reattribution is received. (11 CFR §104.8(d)(2), (3) and (4))

The acceptance of excessive contributions is a serious problem. Again, the committee's procedures for processing contributions should be examined and corrected in order to avoid this problem. Although the Commission may take further legal action, prompt action by you to refund or seek redesignation and/or reattribution of the excessive amount will be considered.

-Schedule A of your report indicates that your committee may have failed to file one or more of the required 48 hour notices regarding "last minute" contributions received by your committee after the close of books for the 12 Day Pre-Primary Report. A principal campaign committee must notify the Commission, in writing, within 48 hours of any contribution of \$1,000 or more received between two and twenty days before an election. These contributions are then reported on the next report required to be filed by the committee. To ensure that the Commission is notified of last minute contributions of \$1,000 or more to your campaign, it is recommended that you review your procedures for checking contributions received during the aforementioned time period. Although the Commission may take legal action, any response you wish to provide concerning this matter will be considered. (11 CFR §104.5(f))

-You have failed to designate Citizens Bank and Regions Bank as depositories on your Statement of Organization (FEC FORM 1). Commission Regulations require that each political committee disclose the name of its campaign depository or depositories (State banks, Federally chartered depository institutions or depository institutions the depositor accounts of which are insured). Please amend your Statement of Organization (FEC FORM 1 copy attached) to disclose all committee depositories.

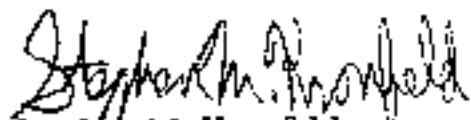
A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days

ASA HUTCHINSON FOR CONGRESS

PAGE 3

of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Stephen M. Kronfeld
Reports Analyst
Report Analysis Division

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APPENDIX A		ITEMIZED RECEIPTS		DATE OF 12/ 24 FOR THIS PERIOD AMT(\$)(a)	
<p>Any information contained hereon, and documents may not be sold or used by anyone for the purpose of soliciting contributions to any political party; (b)(7); (c) shall not be used or released outside of any political committee as defined, per (b)(7)(B) of each amendment.</p> <p>NAME OF CONTRIBUTOR (In Full): Ann Butchison for Congress</p> <p>A. Full Name, Mailing Address and Zip Code: Ann Butchison 1444 South Main Street Palo Alto, CA 94301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>				<p>Per Itemized Receipts for the Category of the Contributor Category Code</p>	
<p>B. Full Name, Mailing Address and Zip Code: John Gilbreath 1 Beach Drive Apartment 1800 Balint Petersburg, FL 33701-3526 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Name of Employee: Don't Call</p>	<p>Date (month, day, year): 07/08/1999</p>	<p>Amount of Each Receipt This Period 350.00</p>	
<p>C. Full Name, Mailing Address and Zip Code: John Gilbreath 1 Beach Drive Apartment 1800 Balint Petersburg, FL 33701-3526 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Name of Employee: Don't Call</p>	<p>Date (month, day, year): 11/24/1999</p>	<p>Amount of Each Receipt This Period 500.00</p>	
<p>D. Full Name, Mailing Address and Zip Code: John George P. O. Box 357 De Valles Shores, FL 33701-0357 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Name of Employee: Sales</p>	<p>Date (month, day, year): 11/15/1999</p>	<p>Amount of Each Receipt This Period 100.00</p>	
<p>E. Full Name, Mailing Address and Zip Code: Lester George 207 Pebble Beach Drive Harrison, NJ 07020 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Name of Employee: Lester COUNTY Republican Committee</p>	<p>Date (month, day, year): 10/15/1999</p>	<p>Amount of Each Receipt This Period 1,000.00</p>	
<p>F. Full Name, Mailing Address and Zip Code: Mrs. Hilton Gilbreath 1441 South 22nd Street Fort Smith, AR 72901-8225 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Name of Employee: Retired</p>	<p>Date (month, day, year): 09/11/1999</p>	<p>Amount of Each Receipt This Period 200.00</p>	
<p>G. Full Name, Mailing Address and Zip Code: Elizabeth Gill 111 First Street Coronado, CA 92118-3201 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>		<p>Name of Employee: Best Efforts Made</p>	<p>Date (month, day, year): 09/20/1999</p>	<p>Amount of Each Receipt This Period 100.00</p>	
<p>TOTAL OF Receipts This Page (optional):</p>				<p>2,610.00</p>	
<p>TOTAL This Period (last page this line number only):</p>					

SCHEDULE A

ITEMIZED RECEIPTS

for purposes determined
by each recipient of the
itemized receipts

NAME	AC
1	2
FOR LINE 10(b)(1) §1(a) (i)	

Any information reported from this report may be disclosed to any individual or entity for purposes of collecting contributions to the committee; however, under the name and address of any political committee or political organization from whom received.

NAME OF COMMITTEE (in Full)
Asa Hutchinson for Congress

A. Full Name, Mailing Address and Zip Code Asa Hutchinson 2609 Richards Waco, TX 76710-3097 Mailing Addr: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employee Unemployed Occupation Aggregate Total-to-Date -> 200.00	Date Month, Day, Year 06/12/2000 Amount of Total Receipts Date Received 300.00
B. Full Name, Mailing Address and Zip Code Bob Dole 182 Blackhawk Lane Leavenworth, KS 66026 Mailing Addr: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employee Heartland Banks Banker Occupation Aggregate Total-to-Date -> 250.00	Date Month, Day, Year 05/12/2000 Amount of Total Receipts Date Received 250.00
C. Full Name, Mailing Address and Zip Code Opal Bible 302 Faquin Street Clockerville, AL 32830-2614 Mailing Addr: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employee Best effort Occupation Aggregate Total-to-Date -> 500.00	Date Month, Day, Year 06/23/2000 Amount of Total Receipts Date Received 500.00
D. Full Name, Mailing Address and Zip Code Doris Fields 3202 Hickett Road Durham, NC 27705-8649 Mailing Addr: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employee Doris Fields Homemaker Occupation Aggregate Total-to-Date -> 200.00	Date Month, Day, Year 06/23/2000 Amount of Total Receipts Date Received 200.00
E. Full Name, Mailing Address and Zip Code Michael Glazier 6199 North Claremont Chicago, IL 60639 Mailing Addr: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employee Best effort Occupation Aggregate Total-to-Date -> 250.00	Date Month, Day, Year 05/12/2000 Amount of Total Receipts Date Received 250.00
F. Full Name, Mailing Address and Zip Code John Goldsmith 1 Beach Drive Apartment 3802 Saint Petersburg, FL 33701-3926 Mailing Addr: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employee Don't Call Occupation Aggregate Total-to-Date -> 500.00	Date Month, Day, Year 05/04/2000 Amount of Total Receipts Date Received 500.00
G. Full Name, Mailing Address and Zip Code John Glaser 17519 Lincoln Road Harvard, IL 60033-9669 Mailing Addr: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employee Best Effort Bank Occupation Aggregate Total-to-Date -> 250.00	Date Month, Day, Year 05/31/2000 Amount of Total Receipts Date Received 250.00

SUBTOTAL of Receipts this Page (optional)

2,250.00

TOTAL this Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		Use Schedule A-10 for each category of the Detailed Summary Page	\$1 / 73
Any information copied from such Reports and Submissions may not be sold or used by any person for the purpose of publishing libelous, defamatory, or other material purposes, other than making the same and address of any political committee to whom it can be shown to have come.					
NAME OF COMMITTEE (in full) Ave Hutchinson for Congress Committee					
Full Name, Mailing Address, and ZIP Code Mr. Ronald E. Thomas 4100 South B		Name of Employer Retired		Date (month, day, year) 04/01/1993	Amount of Each Receipt this Period 260.00 65.00
Phone Number AR 72508		Occupation			
Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):				Aggregate Year-to-Date > \$ 260.00	
Full Name, Mailing Address, and ZIP Code Mr. Donald E. Tuckett 2302 New Drive		Name of Employer Retired		Date (month, day, year) 03/24/1993	Amount of Each Receipt this Period 500.00 46.00
Phone Number CA 80029		Occupation			
Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Mr. Gilbert Tracy 19205 Kingsgate Street		Name of Employer Self-employed Lawyer		Date (month, day, year) 04/01/1993	Amount of Each Receipt this Period 250.00 65.00
Phone Number AR 72006		Occupation			
Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Ms. Susan Tully 40391 Bearridge Drive		Name of Employer		Date (month, day, year) 04/01/1993	Amount of Each Receipt this Period 250.00 65.00
Phone Number AR 72508		Occupation			
Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Mr. Donald F. Turner 4094 West Wheeler Road		Name of Employer Retired		Date (month, day, year) 04/01/1993	Amount of Each Receipt this Period 100.00 check
Phone Number AR 72704		Occupation			
Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mrs. Pauline White 10216 Highland Woods Rd.		Name of Employer self		Date (month, day, year) 04/01/1993	Amount of Each Receipt this Period 250.00 41.00
Phone Number MI 44670-9229		Occupation			
Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Mr. Dean K. Whittle 226 Main Rd. West		Name of Employer parent business		Date (month, day, year) 04/01/1993	Amount of Each Receipt this Period 100.00 98.41
Phone Number FL 33850		Occupation			
Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$ 100.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A

ITEMIZED RECEIPTS

The amounts indicated
are in US Dollars.

Amount	44
Item	3
For DATE NUMBER	3
11(a)(1)	

Any information copied from this Report or its Appendices may not be used or cited in any action for the purpose of establishing a claim or defense, unless such use is made with the express written consent of the potential claimant or defendant from whom such information was obtained.

SUMMARY OF CONTRIBUTION (for Poll)
Agg Hutchinson for Congress

N. Poll Name, Mailing Address and Zip Code: Gary Purnell 3219 Imperial Valley Drive Little Rock, AR 72214 Receipt Date: <input checked="" type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date of Employment First Effect	Date (month, day, year) 05/12/2000	Amount of Funds Received 250.00
	Occupation		
N. Poll Name, Mailing Address and Zip Code: Charles Steele 302 Valley Stream Road Monaca, PA 16062 Receipt Date: <input checked="" type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date of Employment First Effect	Date (month, day, year) 05/12/2000	Amount of Funds Received 250.00
	Occupation		
Aggregate Total-To-Date ->		250.00	
N. Poll Name, Mailing Address and Zip Code: John Tamm 1048 Elboway Rd. 305 South Main Mountainville, AR 72715 Receipt Date: <input checked="" type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date of Employment First Effect	Date (month, day, year) 05/12/2000	Amount of Funds Received 250.00
	Occupation		
N. Poll Name, Mailing Address and Zip Code: Dean Webster 218 Shady Hill Rd. Punxsy, Pa., 13909 Receipt Date: <input checked="" type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date of Employment First Effect	Date (month, day, year) 05/09/2000	Amount of Funds Received 500.00
	Occupation		
Aggregate Total-To-Date ->		500.00	
N. Poll Name, Mailing Address and Zip Code: Doug Wachinsky 2972 Chatsworth Blvd. San Diego, CA 92105-1884 Receipt Date: <input checked="" type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date of Employment First Effect	Date (month, day, year) 05/12/2000	Amount of Funds Received 200.00
	Occupation		
N. Poll Name, Mailing Address and Zip Code: R. M. Macmillan P. O. Box 316 Hilliard, OH 43060 Receipt Date: <input checked="" type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date of Employment First Effect	Date (month, day, year) 05/04/2000	Amount of Funds Received 200.00
	Occupation		
Aggregate Total-To-Date ->		200.00	
N. Poll Name, Mailing Address and Zip Code: J. M. Macmillan P. O. Box 316 Hilliard, OH 43060 Receipt Date: <input checked="" type="checkbox"/> Personal <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date of Employment First Effect	Date (month, day, year) / /	Amount of Funds Received Pending
	Occupation		
Aggregate Total-To-Date ->			

SUBTOTAL of Receipts This Page (optional)	2,750.00
TOTAL This Period (last page this line number only)	7,550.00

SCHEDULE A		ITEMIZED RECEIPTS	\$173
Use separate schedule A for each category of the Political Subsidy Page POWELL HOLLOWAY 1992			
<small>Any information copied from such Receipts and Statements may not be used or cited by any person for the purpose of making contributions or the solicitation of contributions, other than by giving the name and address of any political committee to which contributions from such committee.</small>			
NAME OF COMMITTEE (as Fully Auto Hatchmarked For Congress Committee)			
Full Name, Mailing Address, and ZIP Code AGC PAC 1557 E Street NW Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/07/1992 Amount of Each Receipt in Period 520.00 520.00 (one per line)
Full Name, Mailing Address, and ZIP Code AM. GULF, SHREVE, HAUSER & FELD CIVIL ACTION COMMITTEE 1303 New Hampshire Avenue, NW Suite 400 Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/07/1992 Amount of Each Receipt in Period 500.00 500.00
Full Name, Mailing Address, and ZIP Code AMERICAN AIRLINES PAC 401 Pennsylvania Avenue, NW Suite 220 Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/07/1992 Amount of Each Receipt in Period 500.00 500.00
Full Name, Mailing Address, and ZIP Code AMERICAN AIRLINES POLITICAL ACTION COMMITTEE 1101 17TH ST NW WASHINGTON DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/07/1992 Amount of Each Receipt in Period 500.00 500.00
Full Name, Mailing Address, and ZIP Code AMERICAN ASSOCIATION OF CROP INSURERS POLITICAL ACTION COMMITTEE (AACI PAC) ONE MASSACHUSETTS AVENUE BOSTON WASHINGTON DC 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 04/17/1992 Amount of Each Receipt in Period 100.00 100.00
SubTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

BOOKVILLE

TELEGRAM RECEIPTS

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FOR LINE Multiple
15

Any information copied from social media and websites may not be edited or used by any person for the purpose of identifying individuals or for commercial purposes, other than with the express written permission of any political committee to which such individual or organization belongs.

WHAT BE ENROLLED in Fall

Hutchinson fee Congress & Government

EXHIBIT A

ITEMIZED RECEIPTS

PAGE OF
2 13
ITEMS SHOWN
11 (e)

The information listed from each source and database may not be valid or used as my places for the purpose of identifying individuals listed for campaign purposes, unless they using the name and address in my political committee's relevant communications from such sources.		
Source of Information (in Part)		
A. Full Name, Mailing Address and Zip Code: American Airlines PAC 1101 - 17th Street NW Box 500 Washington, DC 20004 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name at Employer Occupation Aggregate Year-to-Date ->	Date Month day, year 09/29/1999 1,000.00
B. Full Name, Mailing Address and Zip Code: American Bankers Association 3320 Connecticut Ave., N.W. Suite 3000 Washington, DC 20008 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name at Employer Occupation Aggregate Year-to-Date ->	Date Month day, year 07/23/1999 1,000.00
C. Full Name, Mailing Address and Zip Code: American Consulting Engineers Council, Inc. 1015 15th Street, NW Suite 803 Washington, DC 20005 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name at Employer Occupation Aggregate Year-to-Date ->	Date Month day, year 09/02/1999 1,000.00
D. Full Name, Mailing Address and Zip Code: American Dental Pac 1111 - 14th Street, NW Suite 1100 Washington, DC 20005 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name at Employer Occupation Aggregate Year-to-Date ->	Date Month day, year 08/30/1999 1,000.00
E. Full Name, Mailing Address and Zip Code: American Furniture Manufacturers Association 1600 K Street, N.W. Suite 402 Washington, DC 20006 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name at Employer Occupation Aggregate Year-to-Date ->	Date Month day, year 08/18/1999 500.00
F. Full Name, Mailing Address and Zip Code: Arkansas Medical Political Action Committee P.O. Box 55064 Little Rock, AR 72214 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name at Employer Occupation Aggregate Year-to-Date ->	Date Month day, year 02/06/1999 1,000.00
G. Full Name, Mailing Address and Zip Code: Associated General PAC P.O. Box 29214 Arlington, VA 22206-29214 Receipt Per: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name at Employer Occupation Aggregate Year-to-Date ->	Date Month day, year 08/05/1999 79.05

Subtotal of Receipts This Page (optional)	3,599.05
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

See instructions elsewhere
in this Schedule A1) 3
FOR CASH RECEIVED
21 (ct)*Any information copied from this document may not be used for any purpose without the written consent of the authorizations or
our express written permission, other than your own personal knowledge or interest.***NAME OF CONTRIBUTOR (IN FULL)
Amy Hutchinson for Congress**

a. Full name, mailing address and zip code:
 Allied Peoples Spirit & Wine USA Inc
 Chris Gossage
 Vice President, Government Affairs
 Washington, DC 20001
 Receipts From: Primary General
 Other (Specify)

b. Full name, mailing address and zip code:
 American Airlines PAC
 Mr. Julie Nichols
 1101 - 17th Street NW
 Washington, DC 20036
 Receipts From: Primary General
 Other (Specify)

c. Full name, mailing address and zip code:
 American Success PAC
 1151 17th Street, NW, Suite 300
 Washington, DC 20036
 Receipts From: Primary General
 Other (Specify)

d. Full name, mailing address and zip code:
 Arkansas Business Association PAC
 Attn: Bob D. Harschke
 Director of Affairs, a Gov't Relations
 Little Rock, AR 72201
 Receipts From: Primary General
 Other (Specify)

e. Full name, mailing address and zip code:
 Mr. Bruce Charnoff
 Salter Inc.
 1101 - 17th Street, NW
 Washington, DC 20036
 Receipts From: Primary General
 Other (Specify)

f. Full name, mailing address and zip code:
 Mr. Bruce Charnoff
 Salter Inc.
 1101 - 17th Street, NW
 Washington, DC 20036
 Receipts From: Primary General
 Other (Specify)

g. Full name, mailing address and zip code:
 Energy Political Action Committee
 Alan L. Poide, Director
 1716 Eye Street, NW
 Washington, DC 20004
 Receipts From: Primary General
 Other (Specify)

Name of Employee
 Date (month, day, year)
 Compensation
 Amount of cash
 Received this
 Period

Aggregate Total-to-Date → 1,500.00
 Name of Employee
 Date (month, day, year)
 Compensation
 Amount of cash
 Received this
 Period

Aggregate Total-to-Date → 2,000.00
 Name of Employee
 Date (month, day, year)
 Compensation
 Amount of cash
 Received this
 Period

Aggregate Total-to-Date → 2,000.00
 Name of Employee
 Date (month, day, year)
 Compensation
 Amount of cash
 Received this
 Period

Aggregate Total-to-Date → 1,000.00
 Name of Employee
 Date (month, day, year)
 Compensation
 Amount of cash
 Received this
 Period

Aggregate Total-to-Date → 1,000.00
 Name of Employee
 Date (month, day, year)
 Compensation
 Amount of cash
 Received this
 Period

Aggregate Total-to-Date → 2,265.00
 Name of Employee
 Date (month, day, year)
 Compensation
 Amount of cash
 Received this
 Period

Aggregate Total-to-Date → 2,325.00
 Name of Employee
 Date (month, day, year)
 Compensation
 Amount of cash
 Received this
 Period

Aggregate Total-to-Date → 2,500.00
 Name of Employee
 Date (month, day, year)
 Compensation
 Amount of cash
 Received this
 Period

SUBTOTAL of Receipts This Page (optional)	8,825.00
TOTAL This Page (last page this line required only)	

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL:	<input type="checkbox"/> (Check if name is changed)	2. DATE
(b) Number and Street Address	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code	4. Is This Report An Amendment?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District
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- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a _____ committee of the _____ party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
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8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FEGAN121

FEC FORM 1
(revised 4/87)

