

# 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) <i>The Lincoln Society of Alaska</i>	RECEIVED APR 25 9 30 AM '94
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>P.O. Box 190028</i>	2. FEC IDENTIFICATION NUMBER <i>000281311</i>
CITY, STATE and ZIP CODE <i>Anchorage, AK 99519</i>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 16 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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 <i>Jan. 1, 1994 through March 31, 1994</i>		
6. (a) Cash on Hand January 1, 19 <i>94</i>		\$ <i>1318</i>
(b) Cash on Hand at Beginning of Reporting Period	\$ <i>1318</i>	
(c) Total Receipts (from Line 18)	\$ <i>23128</i>	\$ <i>23128</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$	\$
7. Total Disbursements (from Line 30)	\$ <i>1108</i>	\$ <i>1108</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <i>22918</i>	\$ <i>22918</i>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>0</i>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <i>0</i>	

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

*Raymond J. Ellis*

Signature of Treasurer

*[Handwritten Signature]*

Date

*4/14/94*

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

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**FEC FORM 3X**

(revised 9/83)

2 4 3 8 9 6 4 7 6 6

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

(revised 1/1/91)

NAME OF COMMITTEE <i>The Lincoln Society of Alaska</i>		REPORT COVERING PERIOD FROM <i>1/1/94</i> TO: <i>3/31/94</i>	
<b>I. Receipts</b>		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)		<i>14898</i>	<i>14898</i>
ii. Unitemized <i>Receipts under \$200</i>		<i>8230</i>	<i>8230</i>
iii. Total (add i and ii) >		<i>23128</i>	<i>23128</i>
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c) >		<i>23128</i>	<i>23128</i>
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		<i>23128</i>	<i>23128</i>
20. Total Federal Receipts (subtract line 18 from line 19) >		<i>23128</i>	<i>23128</i>
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures <i>Schedule B</i>		<i>1108</i>	<i>1108</i>
c. Total Operating Expenditures (add a i, a ii, and b) >		<i>1108</i>	<i>1108</i>
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >		<i>1108</i>	<i>1108</i>
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		<i>1108</i>	<i>1108</i>
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		<i>23128</i>	<i>23128</i>
33. Total Contribution Refunds (from line 28d)		<i>0</i>	<i>0</i>
34. Net Contributions (other than loans)(subtract line 33 from 32)		<i>23128</i>	<i>23128</i>
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		<i>1108</i>	<i>1108</i>
36. Offsets to Operating Expenditures (from line 15)		<i>0</i>	<i>0</i>
37. Net Operating Expenditures (subtract line 36 from 35) >		<i>1108</i>	<i>1108</i>

2 4 3 8 9 6 4 7 6 7

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 7  
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

The Lincoln Society of Alaska

24038964768

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Martha Bradley (NSF) P.O. Box 200704 Anchorage, AK 99520		1/20/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DINNER	Occupation	Aggregate Year-to-Date > \$ 600.00	600.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Martha Bradley (Redeposit) P.O. Box 200704 Anchorage, AK 99520		Redeposit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Redeposit	Occupation	Aggregate Year-to-Date > \$ 600.00	600.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CRIG CAMPBELL FOR MAYOR P.O. Box 142602 Anchorage, AK 99514	Running for Mayor	2/7/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation: Politician	Aggregate Year-to-Date > \$ 600.00	600.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CAMPBELL FOR GOVERNOR 3510 Spennett Road No. 201 Anchorage, AK 99503	N/A	2/17/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation: N/A	Aggregate Year-to-Date > \$ 600.00	600.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Hall 13124 Stephenson Anchorage AK 99515	Self Employed	1/3/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation: Insurance Broker	Aggregate Year-to-Date > \$ 305.00	125.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Hall 13124 Stephenson Anchorage AK 99515	Self Employed	3/2/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation: Insurance Broker	Aggregate Year-to-Date > \$ 305.00	60.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Hall 13124 Stephenson Anchorage AK 99515	Self Employed	2/2/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation: Insurance Broker	Aggregate Year-to-Date > \$ 205.00	120.00

SUBTOTAL of Receipts This Page (optional) ..... 2705.00

TOTAL This Period (last page this line number only) ..... 14898.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

The Lincoln Society of Alaska

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David KYZER 2401 East 42nd Ave. Ste 102 Anchorage, AK 99508	Self employed	1/2/94	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation: Doctor	Aggregate Year-to-Date > \$ 425.00	
David KYZER 2401 East 42nd Ave. Ste 102 Anchorage, AK 99508	Self Employed	3/2/94	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation: Doctor	Aggregate Year-to-Date > \$ 425.00	
Pauline Martens 2104 Arcadia Dr. Anchorage, AK 99517	Retired	1/12/94	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation: Prop. Mat	Aggregate Year-to-Date > \$ 1025.00	
Pauline Martens 2104 Arcadia Dr. Anchorage, AK 99517	Retired	2/13/94	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Prop. Mat	Aggregate Year-to-Date > \$ 1025.00	
Robert, Matznik 8801 Spendlove Dr. Anchorage, AK 99516		1/14/94	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation:	Aggregate Year-to-Date > \$ 290.00	
Robert Matznik 8801 Spendlove Dr. Anchorage, AK 99516		3/2/94	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation:	Aggregate Year-to-Date > \$ 290.00	
Mustrom for Mayor 110 W. 15th Ave. Ste B Anchorage AK 99531	Mustrom for Mayor	2/17/94	320.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation: N/A	Aggregate Year-to-Date > \$ 320.00	

SUBTOTAL of Receipts This Page (optional) 2060.00

TOTAL This Period (last page this line number only)

94038264769

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7  
FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

The Lincoln Society of Alaska

7438964770

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Numann 1433 W. 13th Ave Anchorage, AK 99501		1/25/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership / Dinner	Occupation		
	Aggregate Year-to-Date > \$ 2500.00		2500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republican Party of Alaska 1001 W. Fireweed Anchorage, AK 99503	N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation		
	Aggregate Year-to-Date > \$ 418.00		304.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Republican Party of Alaska 1001 W. Fireweed Anchorage, AK	N/A	2/17/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation		
	Aggregate Year-to-Date > \$ 418.00		114.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hans Rokeberg 6534 Lakeway Dr Anchorage, AK 99502		1/22/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation		
	Aggregate Year-to-Date > \$ 250.00		250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Ross Kasilof Dr. Anchorage, AK 99510		2/22/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation		
	Aggregate Year-to-Date > \$ 1000.00		1000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wesley Shea Bragan at Jacqueline Ln Anchorage, AK 99516	Wesley W. Shea	1/25/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership / Dinner	Occupation		
	Aggregate Year-to-Date > \$ 2500.00		2500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eldon Ulmer P.O. Box 101420 Anchorage AK 99510	Retired	1/25/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership / Dinner	Occupation		
	Aggregate Year-to-Date > \$ 2625.00		2500.00

SUBTOTAL of Receipts This Page (optional)

9168.00

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 6 OF 7  
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full)

The Lincoln Society of Alaska

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eldon Wimer P.O. Box 101420 Anchorage, AK 99570	Retired	1/3/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation: N/A		
	Aggregate Year-to-Date > \$ 2125.00		125.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Webber 1824 Forest Park Drive Anchorage, AK 99517		2/17/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation		
	Aggregate Year-to-Date > \$ 600.00		600.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F.P. Petty John 12201 Cottontail trail Anchorage, AK 99516	Self Employed	2/17/94	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dinner	Occupation: Lawyer		
	Aggregate Year-to-Date > \$ 240.00		240.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

34038964771

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)  
*The Lincoln Society of Alaska*

94038954772

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Mattha Bradley P.O. Box 200704 Anchorage, Ak. 99520</i>	<i>NSF check</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/28/94</i>	<i>600.00</i>
<i>Barry D. Shennum 209 W. Diamond Blvd. Anchorage, Ak. 99575</i>	<i>NSF check</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/9/94</i>	<i>250.00</i>
<i>Barry D. Shennum 209 W. Diamond Blvd Anchorage, Ak. 99515</i>	<i>NSF check</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/24/94</i>	<i>250.00</i>
<i>Bank of America P.O. Box 107007 Anchorage, Ak. 99510-7007</i>	<i>Service charge</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/31/94</i>	<i>8.00</i>
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)	<i>1108</i>
TOTAL This Period (last page this line number only)	<i>1108</i>

**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  
4-20-94

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

*AG* 4-25-94

PREPARER DATE PREPARED

94038964773