

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION
COMMISSION
MAIL ROOM

Dec 9 2 29 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
The Lincoln Society of Alaska

ADDRESS (number and street) Check if different than previously reported
P.O. Box 190028

CITY, STATE and ZIP CODE
Anchorage, Ak 99519

2. FEC IDENTIFICATION NUMBER
C00291311

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
11/8/94 in the State of *Alaska*

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period	through		
6. (a) Cash on Hand January 1, 19 <i>94</i>			\$ <i>1318</i>
(b) Cash on Hand at Beginning of Reporting Period		\$ <i>8298</i>	
(c) Total Receipts (from Line 10)		\$ <i>1850</i>	\$ <i>25958</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <i>10148</i>	\$ <i>27276</i>
7. Total Disbursements (from Line 30)		\$ <i>1000</i>	\$ <i>18128</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <i>9148</i>	\$ <i>9148</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 20460 Toll Free 800-424-9530 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
[Signature]

Date
12/9/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X

(revised 9/93)

F644N101

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

(revised 1/1/91)

NAME OF COMMITTEE The Lincoln Society of Alaska

REPORT COVERING PERIOD
FROM 10/01/94 TO 11/28/94

		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)	350	15248	11(a)(i)
ii.	Unitemized	-0	9210	11(a)(ii)
iii.	Total (add i and ii) >	350	24458	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a ii, b and c) >	350	24458	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	1500	1500	16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 16, 17, and 18) >	1850	25958	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	1850	25958	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	-0	1108	21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures			21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >			21(c)
22.	Transfers to Affiliated/Other Party Committees	-0	1520	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1000	15500	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.	Individual/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			29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1800	18128	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	1000	18128	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	350	24458	32
33.	Total Contribution Refunds (from line 28d)	-0	-0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	350	24458	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0	17128	35
36.	Offsets to Operating Expenditures (from line 15)	-0	-0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	-0	17128	37

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4
FOR LINE NUMBER 11a1 / 16

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)

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
Tim Worthen P.O. Box 211825 Anchorage, AK 99521	REGENCY AK. TOURS Occupation: TRAVEL / Vice President	10/26/94 Aggregate Year-to-Date > 6 300.00	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
B. Full Name, Mailing Address and ZIP Code Don Young P.O. Box 100298 Anchorage, AK 99510	Name of Employer: JRS ant. WAS TO REFUND - MONEY THAT HAD BEEN GIVEN - REFUND Occupation: Politician	Date (month, day, year): 11/09/94 Aggregate Year-to-Date > 6 1500.00	1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Reimb. July's ck.			
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date > 6	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date > 6	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date > 6	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date > 6	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year) Aggregate Year-to-Date > 6	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

1350.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The Lincoln Society of Alaska

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Don Young P.O. Box 100299 Anchorage, AK 99510</i>	<i>Political Contrib.</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/2/74</i>	<i>1000.00</i>
B. 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
C. 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
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)

1000.00

TOTAL This Period (last page this line number only)

1000.00

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**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

Registered/Certified Mail

POSTMARKED

12/5/94

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

D.A.D.
 PREPARER

12/9/94
 DATE PREPARED

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