

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

FEB 5 11 20 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Fight PAC		2. FEC IDENTIFICATION NUMBER C00305797
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 6052 Ridge Ford Road		
CITY, STATE and ZIP CODE Burke, VA 22015		
3. <input checked="" type="checkbox"/> 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 <u>7/01/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 9,301.14
(b) Cash on Hand at Beginning of Reporting Period	\$ 36,200.78	
(c) Total Receipts (from Line 19)	\$ 44,342.00	\$ 108,906.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 80,542.78	\$ 118,207.78
7. Total Disbursements (from Line 30)	\$ 20,393.40	\$ 58,058.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 60,149.38	\$ 60,149.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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  
Mark Rodgers, Treasurer

Signature of Treasurer



Date  
1/30/98

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

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FEC FORM 3X

(revised 6/93)

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

(revised 1/1/91)

NAME OF COMMITTEE <b>Fight PAC</b>		REPORT COVERING PERIOD FROM <b>7/01/97</b> TO: <b>12/31/97</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		32,750.00	73,500.00
ii. Unitemized		1,592.00	18,406.64
iii. Total (add i and ii) >		34,342.00	91,906.64
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		10,000.00	17,000.00
d. Total Contributions (add a iii, b and c) >		44,342.00	108,906.64
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)		-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		44,342.00	108,906.64
20. Total Federal Receipts (subtract line 18 from line 19) >		44,342.00	108,906.64
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		-0-	-0-
ii. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures		14,393.40	50,058.40
c. Total Operating Expenditures (add a i, a ii, and b) >		14,393.40	50,058.40
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		3,000.00	5,000.00
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds (add a, b and c) >		-0-	-0-
29. Other Disbursements		3,000.00	3,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		20,393.40	58,058.40
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		20,393.40	58,058.40
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		44,342.00	108,906.64
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		44,342.00	108,906.64
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		14,393.40	50,058.40
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >		14,393.40	50,058.40

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)  
Fight PAC

<p>A. Full Name, Mailing Address and ZIP Code Gary Robinson 700 13th Street, N. Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Columbia Gas</p> <p>Occupation info requested</p> <p>Aggregate Year-to-Date &gt; \$ 2,000.00</p>	<p>Date (month, day, year) 07/30/97</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Ronald Krancer 1142 Brynllawn Road Villanova, PA 19085</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer retired</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year) 09/16/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code R. James Macaleer 907 Robin Drive West Chester, PA 19382</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Shared Medical Systems</p> <p>Occupation Chairman</p> <p>Aggregate Year-to-Date &gt; \$ 4,000.00</p>	<p>Date (month, day, year) 09/19/97</p>	<p>Amount of Each Receipt this Period 4,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code William Sasso 2600 One Commerce S Philadelphia, PA 19103</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Stradley, Ronon, et al.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year) 09/24/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Robert Taylor One Plymouth Mastin Plymouth, PA 19452</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Lewis Eckert &amp; Robb</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 10/02/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Peter Carlino 8101 Washington Len Wynote, PA 19095</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Insurance Data Processor</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 11/04/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code John Robertsha 505 North Maple Ave Greensburg, PA 15601</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer retired</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 11/23/97</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional) ..... 18,000.00

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 2 OF 4  
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)  
Fight PAC

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Thomas Oaher 600 Grant Street Pittsburgh, PA 15219</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer USX Corporation</p> <p>Occupation Chairman and CEO</p> <p>Aggregate Year-to-Date &gt; \$ 5,000.00</p>	<p>Date (month, day, year) 11/24/97</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Galen Weaber R.D. 4, Box 1255 Lebanon, PA 17042</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer info requested</p> <p>Occupation info requested</p> <p>Aggregate Year-to-Date &gt; \$ 2,000.00</p>	<p>Date (month, day, year) 11/25/97</p>	<p>Amount of Each Receipt this Period 2,000.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Donald Stabler 635 Locknow Road Harrisburg, PA 17110</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Stabler Companies Inc.</p> <p>Occupation Chairman and CEO</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 11/26/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> David Hollinger 755 White Oak Road Denver, PA 17517</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Four Seasons Produce</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 11/29/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Leo Corazza 520 Muir Avenue Hazleton, PA 18201</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 12/01/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> William Krauer 158 Koenig Road Hershey, PA 17033</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer All Star Distributor</p> <p>Occupation Wholesale Beer D</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 12/01/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Frank Genovese RR7 Kittanning, PA 16201</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 1,300.00</p>	<p>Date (month, day, year) 12/01/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

**SUBTOTAL of Receipts This Page (optional)** ..... 9,250.00

**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 3 OF 4  
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)  
Fight PAC

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Ronald Sandmeyer One Sandmeyer Lane Philadelphia, PA 19116</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sandmeyer Steel Company</p> <p>Occupation Chairman of the Board</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 12/02/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Frank Genuardi 805 E. Germantown P Norristown, PA 19401</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer retired</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 12/12/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Dallas Krapf 221 Hadfield Road Downingtown, PA 19335</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer George Krapf Jr. &amp; Sons</p> <p>Occupation School Bus and M</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 12/12/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Howell Breedlove 2015 Blairmont Drive Pittsburgh, PA 15240</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer J&amp;L Structural, Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 12/14/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Louis Appell 140 East Market Str York, PA 17401</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Susquehanna Pfaltzgraff</p> <p>Occupation Business Executive</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 12/30/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Leslie Edelman 70 James Way Southampton, PA 18966</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Leslie Edelman Inc.</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 12/30/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Peter Mulloney 213 Grandview Ave. Pittsburgh, PA 15211</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer retired</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 12/30/97</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) ..... 4,750.00

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 4 OF 4  
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)  
Fight PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patsy Frizzell 1624 King College Road Bristol, TN 37620	Info Requested	12/30/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Info Requested		
	Aggregate Year-to-Date > \$	500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Donnelly 650 Smithfield St., Pittsburgh, PA 15222	Houston, Donnelly & Mack	12/31/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner, Attorneys		
	Aggregate Year-to-Date > \$	500.00	
C. 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 > \$		
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) ..... 750.00

TOTAL This Period (last page this line number only) ..... 32,750.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)  
Right PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Maritime Officers PAC 490 L'Enfant Plaza East Suite 4204 Washington, DC 20024		07/11/97	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Right To Life PAC 419 7th Street, N.W. Washington, DC 20004		07/24/97	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ADVOFAC One UNIVAC Lane Windsor, CT 06095		12/30/97	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 5,000.00	
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) ..... 10,000.00

**TOTAL** This Period (last page this line number only) ..... 10,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21B

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**NAME OF COMMITTEE (in Full)**

Fight PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CATO 1925 N. Lynn Street Suite 801 Arlington, VA 22209	Airfare Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/01/97	1,811.00
B. Full Name, Mailing Address and ZIP Code U.S. Postmaster Nat'l Capitol Station Washington, DC 20015	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/97	22.00
C. Full Name, Mailing Address and ZIP Code Eudy/Nelson and Associates 900 Second Street, N.E. Suite 114 Washington, DC 20002	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/29/97	4,000.00
D. Full Name, Mailing Address and ZIP Code Mark Rodgers 7052 Ridgeford Drive Burke, VA 22015	Travel Reimbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/05/97	574.40
E. Full Name, Mailing Address and ZIP Code Eudy/Nelson and Associates 900 Second Street, N.E. Suite 114 Washington, DC 20002	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/07/97	4,065.86
F. Full Name, Mailing Address and ZIP Code Urban and Tsucalas 1211 Locust Street Suite 100 Philadelphia, PA 19107	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/30/97	1,550.00
G. Full Name, Mailing Address and ZIP Code Huckaby and Associates 228 S. Washington Street Suite 200 Alexandria, VA 22314	Consulting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/97	2,150.14
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) .....

14,193.40

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

14,193.40



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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)**

Fight PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campbell Victory Fund P.O. Box 480166 Denver, CO 80248	Ben Campbell, U.S. SENATE CO. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/97	1,000.00
B. Full Name, Mailing Address and ZIP Code Bunning For Senate 1717 Dixie Highway Suite 180 Ft. Wright, KY 41011	Jim Bunning, U.S. SENATE KY, Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/10/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Fosella For Congress 1270 Clove Road Staten Island, NY 10306	Fosella, U.S. HOUSE NY, Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	11/10/97	1,000.00
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) .....

3,000.00

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

3,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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**NAME OF COMMITTEE (In Full)**

Fight PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Saylor For Supreme Court 112 State Street Harrisburg, PA 17101	Tom Saylor, STATEWIDE COURT JUDGE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/97	2,000.00
B. Full Name, Mailing Address and ZIP Code Leadbetter for Commonwealth Court 625 Sward Street Horristown, PA 19404	Leadbetter, State Court, Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/97	1,000.00
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) .....

3,000.00

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

3,000.00

**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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 2-31-98
<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	
MUD	2-5-98
PREPARER	DATE PREPARED