48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL
DeFazio for Congress

ADDRESS (number and street)
PO Box 1316

CITY, STATE, and ZIP CODE
Springfield, OR 97477-0152

2. NAME OF CANDIDATE
Peter A DeFazio

3. OFFICE SOUGHT (State and District)
House of Rep. OR/4

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.

4. FEC IDENTIFICATION NUMBER
122 998

A. Full Name, Mailing Address and ZIP Code Amer Medical Assn (AMPAC) 1101 Vermont Ave NW 12th Floor Washington, DC 20005-3521	Name of Employer Occupation	Date (month, day, year) 5/19/98	Amount $ 2,500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount

SIGNATURE (optional)

DATE
5/19/98

For further information contact:
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530, Local 202-219-3420

FEC FORM 6
(11/93)

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