

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP

2101 I. Street NW - Washington, DC 20037-1526

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E-Mail Address: ZausnerA@dsmo.com

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
REPORTS ANALYSIS  
DIVISION

DEC 2 12 35 PM '98

DEC 2

December 2, 1998

Mr. Scott Francis  
Reports Analyst, Reports Analysis Division  
Federal Election Commission  
999 E Street  
Washington, DC 20463

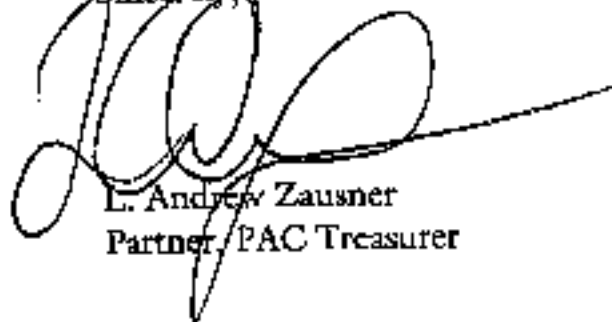
Re: DSMO PAC - FEC ID C00110197, Post-General Election Report

Dear Mr. Francis:

Enclosed please find the Post-General Election report for Dickstein Shapiro Morin & Oshinsky LLP Political Action Committee. If you have any questions about the submitted information, please call Kirsten Snyder at (202) 828-4860.

Thank you for your assistance in this matter.

Sincerely,



L. Andrew Zausner  
Partner, PAC Treasurer

LAZ/ks  
Enclosure

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
REPORTS ANALYSIS  
DIVISION

~~NOV~~ 12 35 PM '98  
DEC 2

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Dickstein Shapiro Morin & Oshinsky LLP PAC		2. FEC IDENTIFICATION NUMBER C00110197
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 2101 L Street, NW	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
CITY, STATE and ZIP CODE Washington, DC 20037		

## 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:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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  
11/03/98 in the State of \_\_\_\_\_

- (b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>10/15/98</u> through <u>11/23/98</u>		This Period	Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>98</u>			\$ 29134.31
(b) Cash on Hand at Beginning of Reporting Period		\$ 10017.46	
(c) Total Receipts (from line 19)		\$ 6152.25	\$ 51148.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 16169.71	\$ 80282.81
7. Total Disbursements (from Line 30)		\$ 4850.00	\$ 68963.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 11319.71	\$ 11319.71
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$	

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

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

L. Andrew Zauser

Signature of Treasurer

Date

11/2/98

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 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Dickstein, Shapiro Morin & Oshinsky LLP PAC	REPORT COVERING PERIOD	
	FROM 1/23/98	TO 98
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A) . . . . .	5977.25	50973.50
ii. Unitemized . . . . .	175.00	175.00
iii. Total . . . . . (add i and ii)	6152.25	51148.50
b. Political Party Committees . . . . .		
c. Other Political Committees (such as PACs) . . . . .		
d. Total Contributions . . . . . (add a iii, b and c)	6152.25	51148.50
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)	6152.25	51148.50
20. Total Federal Receipts . . . . . (subtract line 18 from line 19)	6152.25	51148.50
<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 . . . . .		
c. Total Operating Expenditures . . . . . (Add a i, a ii, and b)		
22. Transfers to Affiliated/Other Party Committees . . . . .		
23. Contributions to Federal Candidates/Committees and Other Political Committees . . . . .	5000.00	69113.10
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. Individuals/Persons Other Than Political Committees . . . . .	(150.00)	(150.00)
b. Political Party Committees . . . . .		
c. Other Political Committees (such as PACs) . . . . .		
d. Total Contribution Refunds . . . . . (Add a, b and c)	(150.00)	(150.00)
29. Other Disbursements . . . . .		
30. Total Disbursements . . . . . (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	4850.00	68963.10
31. Total Federal Disbursements . . . . . (subtract line 21 a ii from line 30)	4850.00	68963.10
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) . . . . .	6152.25	51148.50
33. Total Contribution Refunds (from line 28d) . . . . .	(150.00)	(150.00)
34. Net Contributions (other than loans)(subtract line 33 from 32) . . . . .	6302.25	51298.50
35. Total Federal Operating Expenditures . . . . . (add 21 a i and 21 b)		
36. Offsets to Operating Expenditures (from line 15) . . . . .		
37. Net Operating Expenditures . . . . . (subtract line 36 from 35)		

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) **Dickstein Shapiro Morin & Oshinsky LLP PAC** FEC ID No. **CD0110197**

<b>A. Full Name, Mailing Address and ZIP Code</b> Ken Adams 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dickstein Shapiro Morin & Oshinsky LLP ("DSMOLLP")	Date (month, day, year) 10/20/98	Amount of Each Receipt this Period 446.25
	Occupation Attorney Aggregate Year-To-Date > \$ 1487.50		
<b>B. Full Name, Mailing Address and ZIP Code</b> Ken Adams 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP	Date (month, day, year) 11/16/98	Amount of Each Receipt this Period 297.50
	Occupation Attorney Aggregate Year-To-Date > \$ 1487.50		
<b>C. Full Name, Mailing Address and ZIP Code</b> Lee Alexander 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP	Date (month, day, year) 10/20/98	Amount of Each Receipt this Period 300.00
	Occupation Attorney Aggregate Year-To-Date > \$ 962.50		
<b>D. Full Name, Mailing Address and ZIP Code</b> Lee Alexander 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP	Date (month, day, year) 11/16/98	Amount of Each Receipt this Period 262.50
	Occupation Attorney Aggregate Year-To-Date > \$ 962.50		
<b>E. Full Name, Mailing Address and ZIP Code</b> George Boggs 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP	Date (month, day, year) 10/20/98	Amount of Each Receipt this Period 350.00
	Occupation Attorney Aggregate Year-To-Date > \$ 1050.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Leslie Cohen 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP	Date (month, day, year) 10/20/98	Amount of Each Receipt this Period 300.00
	Occupation Attorney Aggregate Year-To-Date > \$ 875.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Leslie Cohen 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP	Date (month, day, year) 11/16/98	Amount of Each Receipt this Period 75.00
	Occupation Attorney Aggregate Year-To-Date > \$ 875.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)	2031.25
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page	PAGE 2	OF 3
	FOR LINE NUMBER 11a1	

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NAME OF COMMITTEE (in Full)

Dickstein Shapiro Morin & Oshinsky LLP PAC

FEC ID No. C00110197

<b>A. Full Name, Mailing Address and ZIP Code</b> Larry Eisenstat 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP	Date (month, day, year) 11/16/98	Amount of Each Receipt this Period 384.50
	Occupation Attorney	Aggregate Year-To-Date > \$ 497.50	
<b>B. Full Name, Mailing Address and ZIP Code</b> Barry Fleishman 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP	Date (month, day, year) 10/20/98	Amount of Each Receipt this Period 150.00
	Occupation Attorney	Aggregate Year-To-Date > \$ 919.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Barry Fleishman 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP	Date (month, day, year) 11/16/98	Amount of Each Receipt this Period 162.50
	Occupation Attorney	Aggregate Year-To-Date > \$ 919.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Bob Higgins 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP	Date (month, day, year) 10/20/98	Amount of Each Receipt this Period 904.00
	Occupation Attorney	Aggregate Year-To-Date > \$ 2712.50	
<b>E. Full Name, Mailing Address and ZIP Code</b> Gary Hoffman 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP	Date (month, day, year) 10/20/98	Amount of Each Receipt this Period 729.00
	Occupation Attorney	Aggregate Year-To-Date > \$ 2187.50	
<b>F. Full Name, Mailing Address and ZIP Code</b> Peter Jost 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP	Date (month, day, year) 10/20/98	Amount of Each Receipt this Period 275.00
	Occupation Attorney	Aggregate Year-To-Date > \$ 875.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> Mark Kolman 2101 L Street, NW Washington, DC 20037  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DSMOLLP	Date (month, day, year) 10/20/98	Amount of Each Receipt this Period 291.00
	Occupation Attorney	Aggregate Year-To-Date > \$ 875.00	

**SUBTOTAL** of Receipts This Page (optional) . . . . . 2896.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full) **Dickstein Shapiro Morin & Oshinsky LLP PAC** FEC ID No. C00110197

<b>A. Full Name, Mailing Address and ZIP Code</b> Matt Maloney 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 10/20/98	Amount of Each Receipt this Period 350.00
	Occupation Attorney	Aggregate Year-To-Date 1050.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Matt Maloney 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 11/16/98	Amount of Each Receipt this Period 350.00
	Occupation Attorney	Aggregate Year-To-Date 1050.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> Peter Morgan 2101 L Street, NW Washington, DC 20037	Name of Employer DSMOLLP	Date (month, day, year) 10/20/98	Amount of Each Receipt this Period 350.00
	Occupation Attorney	Aggregate Year-To-Date 1200.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-To-Date	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-To-Date	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-To-Date	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-To-Date	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

<b>SUBTOTAL</b> of Receipts This Page (optional)	1050.00
<b>TOTAL</b> This Period (last page this line number only)	5977.25

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule for each category of the Detailed Summary Page  
 PAGE 1 OF 1  
 FOR LINE NUMBER 1111

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NAME OF COMMITTEE (In Full)

Dickstein Shapiro Morin & Oshinsky LLP PAC

FEC ID No. C00110197

<p><b>A. Full Name, Mailing Address and ZIP Code</b>                  Tommy Mack                  2101 L Street, NW                  Washington, DC 20037</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer                  DSMOLLP</p> <p>Occupation                  Attorney</p> <p>Aggregate Year-To-Date &gt; \$ 175.00</p>	<p>Date (month, day, year)                  10/20/98</p>	<p>Amount of Each Receipt this Period                  175.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) . . . . . 175.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

Dickstein Shapiro Morin & Oshinsky LLP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Etheridge for Congress Committee P.O. Box 28001 Raleigh, NC 27611	general election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	500.00
B. Full Name, Mailing Address and ZIP Code McKibben to Congress P.O. Box 308 Marshalltown, IA 50158	general election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/98	500.00
C. Full Name, Mailing Address and ZIP Code Friends of Chris Dodd 203 C Street, NE Washington, DC 20037	general election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/98	1000.00
D. Full Name, Mailing Address and ZIP Code Talent for U.S. Congress 1031 Executive Parkway Suite 100 St. Louis, MO 63141	general election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/98	500.00
E. Full Name, Mailing Address and ZIP Code National Association of Chain Drug Stores PAC 413 North Lee Street Alexandria, VA 22313-1480	contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/27/98	1000.00
F. Full Name, Mailing Address and ZIP Code Eva Clayton for Congress Committee P.O. Box 2884 Washington, DC 20013	general election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/98	500.00
G. Full Name, Mailing Address and ZIP Code Torricelli for U.S. Senate Committee, Suite 600 1300 Connecticut Avenue, NW Washington, DC 20036	general election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/98	2000.00
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)

6000.00

TOTAL This Period (last page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in full)**  
 Dickstein Shapiro Morin & Oshinsky LLP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Wise for Congress P.O. Box 5536 Charleston, WV 25361	general election Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/12/96	(500.00) (check lost)
B. Full Name, Mailing Address and ZIP Code Rogan Campaign Committee P.O. Box 846 Rancho Cucamonga, CA 91729	primary election Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/97	(500.00) (check lost)
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) . . . . . 5000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
 Dickstein Shapiro Morin & Oshinsky LLP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ken L. Adams 2101 L Street, NW Washington, DC 20037	Refund of overpayment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/23/96	(150.00) (check lost)
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

<b>SUBTOTAL</b> of Disbursements This Page (optional)	(150.00)
<b>TOTAL</b> This Period (last page this line number only)	(150.00)

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.

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<input type="checkbox"/> Electronic Filing	
RC PREPARER	12-3-98 DATE PREPARED