

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
COMMUNICATIONS SECTION

AUG 24 2 21 PM '98

USE FEC MAILING LABELS OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Physical Therapy Political Action Committee	2. FEC IDENTIFICATION NUMBER C00012880
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1111 North Fairfax Street	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Alexandria, VA 22314	

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
6. Covering Period <u>7/01/98</u> through <u>7/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 289,873.88
(b) Cash on Hand at Beginning of Reporting Period	\$ 225,083.45	
(c) Total Receipts (from Line 1e)	\$ 30,724.36	\$ 169,804.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 255,807.81	\$ 459,678.84
7. Total Disbursements (from Line 3d)	\$ 10,228.00	\$ 214,099.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 245,579.81	\$ 245,579.81
9. Debts and Obligations Owed TO the Committee (Memize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Memize all on Schedule C and/or Schedule D)	\$ 0.00	

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 Nancy J. Garland	Date 8/20/98
Signature of Treasurer 	

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

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM 7/01/98	TO: 7/31/98	
	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)	2,517.00	18,604.00	11(a)(i)
ii. Unitemized	27,378.00	146,004.18	11(a)(ii)
iii. Total (add i and ii) >	29,895.00	164,608.18	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) >	29,895.00	164,608.18	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			16
17. Other Federal Receipts (Dividends, Interest, etc.)	829.36	5,196.76	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	30,724.36	169,804.96	19
20. Total Federal Receipts (subtract line 18 from line 19) >	30,724.36	169,804.96	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures		61,283.82	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >		61,283.82	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,228.00	151,565.21	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) >		1,250.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	10,228.00	214,099.03	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	10,228.00	214,099.03	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	29,895.00	164,608.18	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	29,895.00	164,608.18	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		61,283.82	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >		61,283.82	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11(a)

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)

Physical Therapy Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Babatunde Akomolafe 11521 Nettie Rose Circle El Paso, TX 79936	self	7/7/98	\$100.00
	Occupation Physical Therapist	7/30/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code Michelle Chitjian 22-35 80 Street Jackson Heights, NY 11370-1324	self	7/20/98	\$200.00
	Occupation Physical Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code Cindy Dutton Route 2 Box 84AA Chandler, OK 74834-8416	self	7/14/98	\$250.00
	Occupation Physical Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Joan Ehrlich 1 Lincoln Plaza Apt 20A New York, NY 10023-7133	self	7/ 7/98	\$100.00
	Occupation Physical Therapist	7/30/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code William Franzen 803 Clark Avenue Webster Groves, MO 63119-2032	self	7/ 6/98	\$200.00
	Occupation Physical Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code Lucille Hickey 2205 Cooke Wichita Falls, TX 76308-1225	self	7/ 7/87	\$200.00
	Occupation Physical Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code Bill Hitchcock 701 S Inverness Lane Yorktown, IN 47396-9325	self	7/ 7/98	\$100
	Occupation Physical Therapist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional)

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 3

FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

Physical Therapy Political Action Committee

A. Full Name, Mailing Address and ZIP Code Mary Johnson 9837 Lakeside Court Canfield, OH 44406-9498		Name of Employer self	Date (month, day, year) 7/24/98	Amount of Each Receipt this Period \$200.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Physical Therapist	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code David Malone 106 West Central Avenue Federalsburg, MD 21632-1241		Name of Employer self	Date (month, day, year) 7/13/98	Amount of Each Receipt this Period \$ 67.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Physical Therapist	Aggregate Year-to-Date > \$ 270.67	
C. Full Name, Mailing Address and ZIP Code Peter McKenamin 55 East Washington Suite 1320 Chicago, IL 60602-2108		Name of Employer self	Date (month, day, year) 7/24/98	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Physical Therapist	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code Sharon Ortwein 46525 Breckenridge Drive Macomb, MI 48044-3129		Name of Employer self	Date (month, day, year) 7/17/98	Amount of Each Receipt this Period \$ 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Physical Therapist	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code Jan Smejral 141 East Faunce Landing Road Abbecon, NJ 08201-1807		Name of Employer self	Date (month, day, year) 7/27/98	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Physical Therapist	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code Deborah Tharp 428 Second Street Paintsville, KY 41240-1019		Name of Employer self	Date (month, day, year) 7/21/98	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Physical Therapist	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code Becky Thorp 6301 W 53 St Sioux Falls, SC 57106-1921		Name of Employer self	Date (month, day, year) 7/21/98	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Physical Therapist	Aggregate Year-to-Date > \$ 200.00	

SUBTOTAL of Receipts This Page (optional)

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 3
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (in Full)

Physical Therapy Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Weis 9 Wilpert Road Bridgewater, NJ 08807-4604	self	7/ 3/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maria Zanol 3517 W Government Way Apt 313 Seattle, WA 98199-1383	self	7/20/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physical Therapist	Aggregate Year-to-Date > \$ 200.00	
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 Physical Therapist	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 Physical Therapist	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 Physical Therapist	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 Physical Therapist	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 Physical Therapist	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

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\$2,517.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Physical Therapy Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Crestar Investment Bank PO Box 498 Richmond, VA</p>	<p>Name of Employer Interest Accrued from Account</p>	<p>Date (month, day, year) 7/31/98</p>	<p>Amount of Each Receipt this Period \$ 829.36</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$ 5,196.78</p>
<p>B. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Occupation</p>		<p>Aggregate Year-to-Date > \$</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$829.36

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Physical Therapy Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens Committee for Ernest F. Hollings PO Box 65271 Washington, DC 20035	Ernest F. Hollings (D-SC) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Friends of Jim McDermott PO Box 75214 Washington, DC 20013-5214	Jim McDermott (D-7-GA) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 500.00
C. Full Name, Mailing Address and ZIP Code Friends of Sam Johnson 1912 Avenue K, Suite 206 Plano, TX 75075	Sam Johnson (R-3-TX) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Minge for Congress PO Box 71 Granite Falls, MN 56241-0071	David Minge (D-2-MN) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Friends of Connie Morella 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814	Connie Morella (R-8-MD) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 500.00
F. Full Name, Mailing Address and ZIP Code Snowe for Senate PO Box 441 Portland, ME 04112	Olympia Snowe (R-ME) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$1,000.00
G. Full Name, Mailing Address and ZIP Code Wynn for Congress PO Box 5323 Capitol Heights, MD 20791	Albert Wynn (D-4-MD) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 500.00
H. Full Name, Mailing Address and ZIP Code Hobson for Congress 1212 North Vernon Street Arlington, VA 22201	Dave Hobson (R-7-OH) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 500.00
I. Full Name, Mailing Address and ZIP Code People for English PO Box 10274 Alexandria, VA 22310	Phil English (R-2-PA) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 500.00

SUBTOTAL of Disbursements This Page (optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
Physical Therapy Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Roger Wicker PO Box 2776 Arlington, VA 22202	Roger Wicker (R-MS) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Ensign for Senate 405 S Decator Las Vegas, NV 89107	John E. Ensign (R-NV) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Castle Campaign Fund PO Box 133 Wilmington, DE 19899	Michael N. Castle (R-at large-DE) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$ 500.00
D. Full Name, Mailing Address and ZIP Code Dorgan for Senate 429 C Street NE Lower Level Washington, DC 20002	Byron Dorgan (D-ND) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Republican Majority Fund PO Box 19897 Alexandria, VA 22320-0897	Dou Nickles (R-OK) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/22/98	\$1,000.00
F. Full Name, Mailing Address and ZIP Code La Brasserie 239 Mass Ave NE Washington, DC	In Kind Robert Kerrey (D-NE) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/29/98	\$ 228.00
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)

TOTAL This Period (last page this line number only)

\$10,228.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 8-20-98
<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	
<i>SK</i> PREPARER	8-25-98 DATE PREPARED