

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION HALL ROOM 3

APR 16 11 42 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
000258228 030498 N 209
EDWARD J BABBITT
WESTERN AND SOUTHERN LIFE INSU
RANCE CO POLITICAL ACTION COMM
400 BROADWAY
CINCINNATI OH 45202

2. FEC IDENTIFICATION NUMBER
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

12-Day Pre-Election Report for the _____
(Type of Election)

election on _____ in the State of _____

30-Day Post-Election 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	1-1-98 through 3-31-98		
8. (a)	Cash on Hand January 1, 19 98		\$ 2,619.75
(b)	Cash on Hand at Beginning of Reporting Period	\$ 2,619.75	
(c)	Total Receipts (from Line 18)	\$ 8,789.46	\$ 8,789.46
(d)	Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)	\$ 11,409.21	\$ 11,409.21
7.	Total Disbursements (from Line 30)	\$ 3,000.00	\$ 3,000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	\$ 8,409.21	\$ 8,409.21
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	
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
Edward J. Babbitt

Signature of Treasurer

Edward J. Babbitt

Date

4-9-98

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	REPORT COVERING PERIOD		
The Western & Southern Life Insurance Co. Political Action Committee	FROM	TO	
	1-1-98	3-31-98	
Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,121.00	7,121.00	11(a)
ii. Unitemized	1,668.46	1,668.46	11(b)
B. Total (add i and ii) >	8,789.46	8,789.46	11(c)
b. Political Party Committees	0	0	11(d)
c. Other Political Committees (such as PACs)	0	0	11(e)
d. Total Contributions (add a, b, c and d) >	8,789.46	8,789.46	11(f)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8,789.46	8,789.46	19
20. Total Federal Receipts (subtract line 18 from line 19) >	8,789.46	8,789.46	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)
ii. Non-Federal Share	0	0	21(b)
b. Other Federal Operating Expenditures	0	0	21(c)
c. Total Operating Expenditures (add a, b, i, and ii) >	0	0	21(d)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,250.00	1,250.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) >	0	0	28(d)
29. Other Disbursements	1,750.00	1,750.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,000.00	3,000.00	30
31. Total Federal Disbursements (subtract line 21 a & ii from line 30) >	3,000.00	3,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,789.46	8,789.46	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,789.46	8,789.46	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

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 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 Western & Southern Life Insurance Co. Political Action Committee

A. Full Name, Mailing Address and ZIP Code James N. Clark 5587 Kugler Mill Road Cincinnati, OH 45236		Name of Employer The Western and Southern Life Ins. Company	Date (month, day, year) 3-1-98 lump sum	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable		Occupation Executive V.P. Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code William J. Williams 7810 Ayres Road Cincinnati, Ohio 45255		Name of Employer The Western and Southern Life Ins. Company	Date (month, day, year) 1-14-98 lump sum	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable		Occupation Chairman Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Chalmers P. Wylie 754 Stonewood Court Columbus, OH 43235-1751		Name of Employer The Western and Southern Life Ins. Company	Date (month, day, year) 1-19-98 lump sum	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable		Occupation Director Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Carl A. Kroch 3240 Lake Shore Drive Chicago, Illinois 60657		Name of Employer The Western and Southern Life Ins. Company	Date (month, day, year) 1-29-98 lump sum	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable		Occupation Director Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code David G. Ennis 2860 Van Lahr Drive Cincinnati, Ohio 45244		Name of Employer The Western and Southern Life Ins. Company	Date (month, day, year) 1-9-98 lump sum	Amount of Each Receipt this Period \$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable		Occupation Vice President & Auditor Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code J. Harold Kotte 1201 Edgecliffe Place, #1122 Cincinnati, OH 45206		Name of Employer The Western and Southern Life Ins. Company	Date (month, day, year) 1-12-98 lump sum	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable		Occupation Director Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Keith T. Clark 60 Rainbow Terrace Pt. Thomas, KY 41075		Name of Employer The Western and Southern Life Ins. Company	Date (month, day, year) 1-12-98 lump sum	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable		Occupation V.P. & Medical Director Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) \$2,950.00

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 3
FOR LINE NUMBER 1181

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 Western & Southern Life Insurance Co. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Noreen Hayes 8680 Eagleridge West Chester, Ohio 45069	The Western and Southern Life Insurance Co. Occupation Vice President	1-8-98 Lump sum	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John F. Barrett 9300 Shawnee Run Road Cincinnati, Ohio 45243	The Western and Southern Life Ins. Company Occupation President & C.E.O.	2-3-98 Lump sum	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable	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
Paul H. Amato 6216 Whileaway Drive Loveland, Ohio 45140	Columbus Life Insurance Co. Occupation President	1-19-98 Lump sum	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James M. Teeters 4346 Ashley Meadow Ct. Cincinnati, OH 45227	Columbus Life Insurance Co. Occupation Sr. Vice President	2-18-98 Lump sum	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory G. Rowe 421 East Fourth St. Cincinnati, Ohio 45202	Eagle Realty Group Occupation Vice President	2-11-98 Lump sum	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence C. Hawkins 3935 West Park Drive Cincinnati, Ohio 45217	The Western and Southern Life Ins. Company Occupation Director	1-26-98 Lump sum	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eugene P. Ruehlmann 1150 Gleneagles Court Cincinnati, Ohio 45233	The Western and Southern Life Ins. Company Occupation Director	2-2-98 Lump sum	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)	\$2,600.00
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 3

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

The Western & Southern Life Insurance Co. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas L. Williams 20 Grandin Lane Cincinnati, Oh 45208	The Western and Southern Life Insurance Co.	2-3-98 lump sum	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable	Occupation: Director	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nora Moushey 8609 Twilightear Lane Cincinnati, Ohio 45249	Columbus Life Insurance Co.	1-10-98 lump sum	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable	Occupation: Sr. V.P. and Chief Actuary	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
John C. Holden 408 Brigadier, Apt. B Ft. Wright, KY 41011	Ft. Washington Investment Advisors	1-8-98 lump sum	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable	Occupation: V.P. and Sr. Portfolio Manager	Aggregate Year-to-Date > \$ 200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
E. James Roche 420 East Fourth Cincinnati, Ohio 45202	Ft. Washington Investment Advisors	1-22-98 lump sum	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable	Occupation: V.P. and Managing Director	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
L. Don Kampe 8901 Indian Hills Drive Omaha, NE 68114	Continental General Insurance Co.	1-19-98 lump sum	\$200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable	Occupation: Exec. V.P. and C.M.O.	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bill Ledwin 6175 S. Clippinger Road Cincinnati, Ohio 45243	Ft. Washington Investment Advisors	1-10-98 lump sum	(\$250.00) + (\$ 21.00) (payroll ded) \$271.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Not applicable	Occupation: President	Aggregate Year-to-Date > \$ 271.00	
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) \$1,571.00

TOTAL This Period (last page this line number only) \$7,121.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER
23

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NAME OF COMMITTEE (in Full)

The Western & Southern Life Insurance Co. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Candidate for U.S. Represen. 6th Dist. Ohio	Date (month, day, year)	Amount of Each Disbursement This Period
Hollister for Congress 107 Iroquois Drive P.O. Box 714 Marletta, OH 45750	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-30-98	\$250
B. Full Name, Mailing Address and ZIP Code Voinovich for Senate Committee 8 East Broad St., 8th Floor Columbus, OH 43215	Purpose of Disbursement Candidate for U.S. Senate, Ohio	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-12-98	\$500
C. Full Name, Mailing Address and ZIP Code Chabot for Congress 105 West Fourth St. Rm. 1133 Cincinnati, OH 45202	Purpose of Disbursement Candidate U.S. Representative, 1st Dist. OHIO	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-16-98	\$500
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

\$1,250.00

TOTAL This Period (last page this line number only)

\$1,250.00

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)

The Western & Southern Life Insurance Co. 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 for Watts 5705 Greendale Drive Galloway, Ohio 43119	Candidate for Ohio Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-24-98	\$500
B. Full Name, Mailing Address and ZIP Code Montgomery Campaign Committee 211 S. 5th Street Columbus, OH 43215	Candidate for Ohio Attorney General Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-11-98	\$1,000
C. Full Name, Mailing Address and ZIP Code Friends of Fisher Committee c/o Southwest Ohioans for Fisher 900 PNC Center, 201 E. Fifth St. Cincinnati, OH 45202	Candidate for Governor, State of Ohio Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-23-98	\$250
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)

\$1,750.00


TOTAL This Period (last page this line number only)

\$1,750.00

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 04/13/98
<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	
  PREPARER	 04/16/98 DATE PREPARED