

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUN 19 9 56 AM '98

1. NAME OF COMMITTEE (in full) WESTINGHOUSE EMPLOYEES POLIT PART PROG		2. FEC IDENTIFICATION NUMBER C00035220
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 600 NEW HAMPSHIRE AVENUE, N.W. SUITE 1200		
CITY, STATE and ZIP CODE WASHINGTON, DC 20037		
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 \_\_\_\_\_

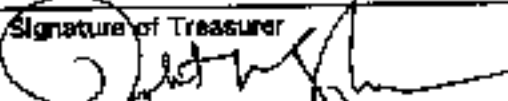
(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>05/01/98</u> through <u>05/31/98</u>		
6. (a) Cash on Hand January 1, 1998		\$ 47,292.15
(b) Cash on Hand at Beginning of Reporting Period	\$ 44,619.55	
(c) Total Receipts (from Line 19)	\$ 5,426.22	\$ 25,677.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 50,045.78	\$ 72,909.78
7. Total Disbursements (from Line 30)	\$ 17,500.00	\$ 40,364.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 32,545.78	\$ 32,545.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:  
Federal Election Commission  
989 E Street, NW  
Washington, DC 20468  
Toll Free 800-424-6530  
Local 202-218-3420

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  
ROBERT E. ZOGLMAN

Signature of Treasurer  


Date  
6-11-98

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)  
FEM101

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

(revised 1/1/91)

NAME OF COMMITTEE WESTINGHOUSE EMPLOYEES POLIT PART PROG		REPORT COVERING PERIOD FROM 05/01/90 TO 05/31/90	
		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)		1,258.89	2,895.99
ii. Unitemized		3,976.22	22,074.13
iii. Total	(add i and ii) >	5,235.11	24,970.12
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions	(add a ii, b and c) >	5,235.11	24,970.12
12. Transfers From Affiliated/Other Party Committees		0.00	0.00
13. All Loans Received		0.00	0.00
14. Loan Repayments Received		0.00	0.00
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates & Other Political Committees		0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)		191.11	707.51
18. Transfers from Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,426.22	25,677.63
20. Total Federal Receipts	(subtract line 18 from line 19) >	5,426.22	25,677.63
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		0.00	0.00
ii. Non-Federal Share		0.00	0.00
b. Other Federal Operating Expenditures		0.00	514.00
c. Total Operating Expenditures	(add a i, a ii, and b) >	0.00	514.00
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		16,000.00	39,150.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0.00	0.00
26. Loan Repayments Made		0.00	0.00
27. Loans Made		0.00	0.00
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		0.00	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contribution Refunds	(add a, b and c) >	0.00	0.00
29. Other Disbursements		1,500.00	700.00
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	17,500.00	40,364.00
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	17,500.00	40,364.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		5,235.11	24,970.12
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)		5,235.11	24,970.12
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	0.00	514.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures	(subtract line 36 from 35) >	0.00	514.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 11A1

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)

**WESTINGHOUSE EMPLOYEES POLIT PART PROG**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK ALEXANDER 5999 S. PARK AVENUE, STE 157 HAMBURG, NY 14075	WESTINGHOUSE	05/04/98	44.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation NGR/PAD/TQ	Aggregate Year-to-Date > \$ 208.18	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD BRUSCHI 1310 BEULAH ROAD PITTSBURGH, PA 15235	WESTINGHOUSE	05/04/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation VICE PRESIDENT	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH T. DOYLE 108 RIDING TRAIL LANE PITTSBURGH, PA 15215	WESTINGHOUSE	05/04/98	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CPA	Aggregate Year-to-Date > \$ 625.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL FERRIS 1000 CHESWICK AVE. CHESWICK, PA 15024	WESTINGHOUSE ELECTRIC	05/04/98	70.57
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER	Aggregate Year-to-Date > \$ 350.57	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES FICI 121 WILLIAMSTOWN WAY COLUMBIA, SC 29212	WESTINGHOUSE ELECTRIC	05/04/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation NGR COLUMBIA PLANT	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD A. GABBIAVELLI 2527 ELKRIDGE DR. WEKFOR, PA 15090	WESTINGHOUSE	05/04/98	69.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation CONTROLLER	Aggregate Year-to-Date > \$ 328.14	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES GALLAGHER 8 TWIN STREAM DRIVE PITTSBURGH, PA 15238	WESTINGHOUSE	05/04/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation ENGINEER	Aggregate Year-to-Date > \$ 500.00	
SUBTOTAL of Receipts This Page (optional)			500.60

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) 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)

**WESTINGHOUSE EMPLOYEES POLI PART PROG**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY R. GIOFFREDI 7015-1121 SHANNOPIN CHARLOTT, NC 28270	WESTINGHOUSE	05/04/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation PLANT MANAGER	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
ROBERT HANSON 1208 CLIFFVIEW DR. MONROEVILLE, PA 15146	WESTINGHOUSE	05/04/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER ENGINEER	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN KAY 8249 TAUNTON PLACE SPRINGFIELD, VA 22152	WESTINGHOUSE ELECTRIC	05/04/98	127.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation GOVERNMENT AFFAIRS	Aggregate Year-to-Date > \$ 635.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DALE HOLBROOK 57 MEADOW DRIVE GREENSBURG, PA 15601	WESTINGHOUSE ELECTRIC	05/04/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation PROJ MANAGEMENT	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANN S. PAULEY 5080 WORTHYAWN DR. MURRYSVILLE, PA 15668	WESTINGHOUSE	05/04/98	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation MANAGER	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SAMUEL R. PITTS 714 IRWIN DRIVE SEWICKLEY, PA 15143	WESTINGHOUSE	05/04/98	95.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 475.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERRY SLOMINSKI 2813 DAVIS AVE. ALEXANDRIA, VA 22302	WESTINGHOUSE	05/04/98	42.99
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation DIRECTOR	Aggregate Year-to-Date > \$ 202.99	
SUBTOTAL of Receipts This Page (optional) .....			484.99

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 3 OF 3

FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

**WESTINGHOUSE EMPLOYEES POLIY PART PROG**

<b>A. Full Name, Mailing Address and ZIP Code</b> MORGAN N. SMITH 8 BALTMILL CIRCLE WEST NEWTON, PA 15089		<b>Name of Employer</b> WESTINGHOUSE	<b>Date (month, day, year)</b> 05/04/98	<b>Amount of Each Receipt this Period</b> 55.17
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		<b>Occupation</b> GENERAL MANAGER	<b>Aggregate Year-to-Date &gt; \$</b> 269.49	
<b>B. Full Name, Mailing Address and ZIP Code</b> ROBERT J. STRUBLE 2611 EXETER RD. CLEVELAND HEIGHTS, OH 44118		<b>Name of Employer</b> WESTINGHOUSE	<b>Date (month, day, year)</b> 05/04/98	<b>Amount of Each Receipt this Period</b> 60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		<b>Occupation</b> DIRECTOR	<b>Aggregate Year-to-Date &gt; \$</b> 300.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> S. R. TRITCH 2016 W. GROVE DR. GIBSONIA, PA 15044		<b>Name of Employer</b> WESTINGHOUSE	<b>Date (month, day, year)</b> 05/04/98	<b>Amount of Each Receipt this Period</b> 43.79
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		<b>Occupation</b> GENERAL MANAGER	<b>Aggregate Year-to-Date &gt; \$</b> 207.47	
<b>D. Full Name, Mailing Address and ZIP Code</b> CRAIG WEEKS 739 BEAR CREEK CIRCLE WINTER SPRINGS, FL 32708		<b>Name of Employer</b> WESTINGHOUSE	<b>Date (month, day, year)</b> 05/04/98	<b>Amount of Each Receipt this Period</b> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		<b>Occupation</b> GN-GSD	<b>Aggregate Year-to-Date &gt; \$</b> 250.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> ROBERT R. ZOGLMAN 7114 RICHARD CASEY CT. ALEXANDRIA, VA 22307		<b>Name of Employer</b> WESTINGHOUSE	<b>Date (month, day, year)</b> 05/04/98	<b>Amount of Each Receipt this Period</b> 55.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC		<b>Occupation</b> DIRECTOR GOV'T AFFAIRS	<b>Aggregate Year-to-Date &gt; \$</b> 260.37	
<b>F. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		<b>Occupation</b>	<b>Aggregate Year-to-Date &gt; \$</b>	
<b>G. Full Name, Mailing Address and ZIP Code</b>		<b>Name of Employer</b>	<b>Date (month, day, year)</b>	<b>Amount of Each Receipt this Period</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:		<b>Occupation</b>	<b>Aggregate Year-to-Date &gt; \$</b>	
<b>SUBTOTAL of Receipts This Page (optional)</b> .....				264.21
<b>TOTAL This Period (Last page this line number only)</b> .....				1,258.89

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

**WESTINGHOUSE EMPLOYEES POLIT PART PROG**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COMERICA BANK P.O. BOX 75000 DETROIT, MI 472752250		05/01/98	191.11
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: INTEREST	Occupation	Aggregate Year-to-Date > \$ 707.51	
B. 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:	Occupation	Aggregate Year-to-Date > \$	
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:	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:	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:	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:	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:	Occupation	Aggregate Year-to-Date > \$	
SUBTOTAL of Receipts This Page (optional) .....			191.11
TOTAL This Period (last page this Line number only) .....			191.11

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 15

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

WESTINGHOUSE EMPLOYEES POLIT PART PROG

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
MURKOWSKI 198 P.O. BOX 240468 ANCHORAGE, AK 99524	FRANK MURKOWSKI U S SENATE AK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	05/11/98	2,000.00
B. 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:		
C. 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:		
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:		
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:		
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:		
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:		
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:		
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:		
SUBTOTAL of Disbursements This Page (optional) .....			2,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 15

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**WESTINGHOUSE EMPLOYEES POLIT PART PROG**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
HUNTER FOR CONGRESS 320 FIRST STREET, SE WASHINGTON, DC 20003	DUNCAN HUNTER U S CONGRESS CA052	05/11/98	1,000.00
	Disbursement for: <input checked="" type="checkbox"/> 98 Primary <input type="checkbox"/> General		
	Other: _____		
B. 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		
	Other: _____		
C. 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		
	Other: _____		
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		
	Other: _____		
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		
	Other: _____		
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		
	Other: _____		
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		
	Other: _____		
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		
	Other: _____		
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		
	Other: _____		
SUBTOTAL of Disbursements This Page (optional) .....			1,000.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 15

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)

**WESTINGHOUSE EMPLOYEES POLIT PART PROG**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
MICA FOR CONGRESS P.O. BOX 181546 CASSELBERRY, FL 32718	JOHN L. MICA U S CONGRESS FL007 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/11/98	500.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional) .....			500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER **23**

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NAME OF COMMITTEE (in Full)

**WESTINGHOUSE EMPLOYEES POLIT PART PROG**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
NORWOOD FOR CONGRESS P.O. BOX 499 EVANS, GA 30809	CHARLIE NORWOOD U S CONGRESS GA010 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/11/98	500.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... **500.00**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 5 OF 15

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

**WESTINGHOUSE EMPLOYEES POLI PART PROG**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
DANIEL K. INOUE IN '98 1429 G. STREET, NW SUITE 263 WASHINGTON, DC 20005	DANIEL K. INOUE U S SENATE HI Disbursement for: <input checked="" type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> General	05/11/98	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other: <input type="checkbox"/>	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 Other: <input type="checkbox"/>	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 Other: <input type="checkbox"/>	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 Other: <input type="checkbox"/>	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 Other: <input type="checkbox"/>	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 Other: <input type="checkbox"/>	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 Other: <input type="checkbox"/>	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 Other: <input type="checkbox"/>	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... 1,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 6 OF 15

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

WESTINGHOUSE EMPLOYEES POLIT PART PROG

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
HAL ROGERS FOR CONGRESS P.O. BOX 1214 SOMERSET, KY 42502	HAL ROGERS U S CONGRESS KY005 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other:	05/11/98	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:	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 Other:	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 Other:	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 Other:	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 Other:	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 Other:	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 Other:	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 Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional) .....			1,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**WESTINGHOUSE EMPLOYEES POLI PART PROG**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF BOB LIVINGSTON 4010 FRANCONIA ROAD ALEXANDRIA, VA 223102136	BOB LIVINGSTON U S CONGRESS LA001 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/11/98	1,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 8 OF 15

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

WESTINGHOUSE EMPLOYEES POLIT PART PROG

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
JUDD GREGG COMMITTEE P.O. BOX 1812 CONCORD, NH 03302	JUDD GREGG U S SENATE NH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/11/98	1,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... 1,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

**WESTINGHOUSE EMPLOYEES POLI T PART PROG**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRELINGHUYSEN FOR CONGRESS P.O. BOX 826 MORRISTOWN, NJ 07960	RODNEY FRELINGHUYSEN U S CONGRESS NJD11 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/11/98	500.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... 500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**WESTINGHOUSE EMPLOYEES POLIT PART PROG**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
HEATHER WILSON FOR CONGRESS P.O. BOX 14070 ALBUQUERQUE, NM 87191	HEATHER WILSON U S CONGRESS MN001 Disbursement for: <input checked="" type="checkbox"/> 98 Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/27/98	1,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... 1,000.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 11 OF 15  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**WESTINGHOUSE EMPLOYEES POLIT PART PROG**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
THE HOYNIHAN COMMITTEE 450 7TH AVENUE SUITE 2207 NEW YORK, NY 10123	DANIEL HOYNIHAN U S SENATE NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/11/98	1,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional) .....			1,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**WESTINGHOUSE EMPLOYEES POLIT PART PROG**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF SENATOR WICKLES P.O. BOX 1549 PONCA CITY, OK 74602	DON WICKLES U S SENATE Disbursement for: <input checked="" type="checkbox"/> 98 Primary <input type="checkbox"/> General <input type="checkbox"/> Other: OK	05/11/98	1,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional): .....			1,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 13 OF 15

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)

**WESTINGHOUSE EMPLOYEES POLIT PART PROG**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BOYLE FOR CONGRESS P.O. BOX 17426 PITTSBURGH, PA 15235	MIKE BOYLE U S CONGRESS PA018 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/11/98	500.00
B. Full Name, Mailing Address and ZIP Code CITIZENS FOR ROW KLINK P.O. BOX 75214 WASHINGTON, DC 200135214	ROW KLINK U S CONGRESS PA004 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/11/98	1,500.00
C. Full Name, Mailing Address and ZIP Code MURTHA FOR CONGRESS P.O. BOX 1091 JOHNSTOWN, PA 15907	JOHN P. MURTHA U S CONGRESS PA012 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/11/98	1,000.00
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:		
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:		
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:		
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:		
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:		
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:		
<b>SUBTOTAL of Disbursements This Page (optional)</b>			<b>3,000.00</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 14 OF 15

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

**WESTINGHOUSE EMPLOYEES POLI PART PROG**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF JOHN WARNER COMMITTEE P.O. BOX 3536 MERRIFIELD, VA 22116	JOHN WARNER U S SENATE VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/11/98	1,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional) .....			1,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 15 OF 15

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

**WESTINGHOUSE EMPLOYEES POLIT PART PROG**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF DOC HASTINGS 2605 37TH STREET, NW WASHINGTON, DC 20007	DOC HASTINGS U S CONGRESS WA004 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/27/98	500.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional) .....			500.00
TOTAL This Period (last page this line number only) .....			16,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 29

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)

WESTINGHOUSE EMPLOYEES POLY PART PROG

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
PATRICIA MADRID FOR ATTORNEY GENERAL 20 FIRST PLAZA SUITE 20 ALBUQUERQUE, NM 87102	PATRICIA MADRID ATTORNEY GENERAL NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/27/98	500.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional) .....			500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 28

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)

**WESTINGHOUSE EMPLOYEES POLIT PART PROG**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF GOVERNOR TOM RIDGE P.O. BOX 11667 HARRISBURG, PA 17108	TOM RIDGE GOVERNOR PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	05/11/98	1,000.00
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:	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:	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:	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:	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:	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:	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:	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:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....	1,000.00
TOTAL This Period (last page this line number only) .....	1,500.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>6-19-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>144</i> PREPARER	<i>6-19-98</i> DATE PREPARED