

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

9812

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Live Free or Die

ADDRESS (number and street) Check if different than previously reported
P.O. Box 77414

CITY, STATE and ZIP CODE
Washington, DC 20013

FEB. 4 02 PM '98

2. FEC IDENTIFICATION NUMBER
00330134

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
5. Covering Period <u>9/30/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 0
(b) Cash on Hand at Beginning of Reporting Period	\$ 0	
(c) Total Receipts (from Line 19)	\$ 29,228.40	\$ 29,228.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 29,228.40	\$ 29,228.40
7. Total Disbursements (from Line 30)	\$ 13,233.93	\$ 13,233.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,994.47	\$ 15,994.47
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	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-8420

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
Dina M. Beaumont

Signature of Treasurer
Dina M. Beaumont

Date
1/31/98

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

<u>25</u>							
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FEC FORM 3X
(revised 9/93)

2042-522-2042

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Live Free or Die		FROM 9/30/97	TO 12/31/97	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	12,250.00	12,250.00	11(a)
ii.	Unitemized	6,978.40	6,978.40	11(b)
iii.	Total (add i and ii) >	19,228.40	19,228.40	11(c)
b.	Political Party Committees	0	0	11(d)
c.	Other Political Committees (such as PACs)	10,000.00	10,000.00	11(e)
d.	Total Contributions (add a ii, b and c) >	29,228.40	29,228.40	11(f)
12.	Transfers From Affiliated/Other Party Committees	0	0	2
13.	All Loans Received	0	0	3
14.	Loan Repayments Received	0	0	4
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	5
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	6
17.	Other Federal Receipts (Dividends, Interest, etc.)	0	0	7
18.	Transfers from Nonfederal Account for Joint Activity	0	0	8
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	29,228.40	29,228.40	9
20.	Total Federal Receipts (subtract line 18 from line 19) >	29,228.40	29,228.40	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	13,233.93	13,233.93	21(c)
c.	Total Operating Expenditures (add a i, a ii, and b) >	13,233.93	13,233.93	21(d)
22.	Transfers to Affiliated/Other Party Committees	0	0	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	0	0	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	0	0	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	13,233.93	13,233.93	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	13,233.93	13,233.93	31
III Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	29,228.40	29,228.40	32
33.	Total Contribution Refunds (from line 28d)	0	0	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	29,228.40	29,228.40	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	13,233.93	13,233.93	35
36.	Offsets to Operating Expenditures (from line 15)	0	0	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	13,233.93	13,233.93	37

13-03-27-98

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER 11a

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)

Live Free or Die

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Maccabe, Jr. 284 Sugar Mill Drive Osprey, FL 34229	Maccabe Electric Occupation: Owner	12/31/97	4,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellis Niegula 7993 Via Vecchia Naples, FL 34108	Self Employed Occupation: Business	12/23/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Charles de Ganshl 85 Wapoo Trail Chatham, MA 02633	Retired Occupation: None	12/23/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Robert Murphy P.O. Box 175 Intervale, NH	A.D. Davis Occupation: Agent	12/23/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellice McDonald, Jr. Invergarry Montchanin, DE 19807	Retired Occupation: None	12/23/97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Hiers 18 Constitution Drive Bedford, NH 03110	All American Fin. Occupation: Executive	12/23/97	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. David Bowers Box 1224 Woolfeboro, NH 03894	Information Requested Occupation:	12/10/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

7,250.00

TOTAL This Period (last page this line number only)

0302-022-03-03

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Live Free or Die

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Joe Perrone Upper Jaffrey Road Dublin, NH 03444</i>	<i>Retired</i> Occupation: <i>None</i>	<i>12/8/97</i>	<i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <i>\$ 500.00</i>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Thomas Head 44 Stearns Road Amherst, NH 03031</i>	<i>Environmental Int.</i> Occupation: <i>Executive</i>	<i>12/8/97</i>	<i>1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <i>\$ 1,000.00</i>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Harold Passer 28 Dennett Street Portsmouth, NH 03801</i>	<i>Retired</i> Occupation: <i>None</i>	<i>12/8/97</i>	<i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <i>\$ 500.00</i>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>John Ogden 9020 N. 33rd Way Phoenix, AZ 85028</i>	<i>Suncor</i> Occupation: <i>CEO & Chair</i>	<i>12/8/97</i>	<i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <i>\$ 500.00</i>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Dick Snell P.O. Box 52132 Phoenix, AZ 85072</i>	<i>Pinnacle West</i> Occupation: <i>CEO</i>	<i>12/8/97</i>	<i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <i>\$ 500.00</i>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>John Davies 845 Oak Street Chattanooga TN 37403</i>	<i>Self Employed</i> Occupation: <i>Executive</i>	<i>11/10/97</i>	<i>500.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <i>\$ 500.00</i>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>James Cartovich 2401 Calvert Street, NW Washington, DC 20008</i>	<i>Burson-Marsteller</i> Occupation: <i>P. Relations</i>	<i>11/10/97</i>	<i>1,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > <i>\$ 1,000.00</i>		

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

0502 622 63 66

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Live Free or Die

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Barbara Clinton</i> <i>535 Ocean Blvd.</i> <i>Rte. NH 03870</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>Information requested</i> Occupation Aggregate Year-to-Date > \$ <i>500.00</i>	<i>11/5/97</i>	<i>500.00</i>
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

12,250.00

93-03-279-205-1

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11C

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)

Live Free or Die

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Realtors PAC 430 N. Michigan Ave. Chicago, IL 60611	PAC Occupation Aggregate Year-to-Date > \$ 1,000. ⁰⁰	12/23/97	1,000. ⁰⁰
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Raytheon PAC 141 Spring Street Lexington, MA 02173	PAC Occupation Aggregate Year-to-Date > \$ 2,000. ⁰⁰	12/23/97	2,000. ⁰⁰
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
OHM Clean PAC 816 Connecticut Ave., #900 Washington DC 20006	PAC Occupation Aggregate Year-to-Date > \$ 2,000. ⁰⁰	11/18/97	2,000. ⁰⁰
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Bob Smith for Senate Newchester, NH 03104	Campaign Committee Occupation Aggregate Year-to-Date > \$ 5,000. ⁰⁰	11/30/97	5,000. ⁰⁰
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

10,000.⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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)
Live Free or Die

5512-572-30-33


A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>The Lukens Company 2800 Shirlington Road Arlington, VA 22206</i>	<i>Mailing Expense</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>11/14/97</i> <i>12/15/97</i>	<i>1100.00</i> <i>5120.81</i>
<i>Bell Atlantic Mobile Unicorn Park Drive Woburn, MA 01801</i>	<i>Telephone</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>12/10/97</i>	<i>376.99</i>
<i>C. Full Name, Mailing Address and ZIP Code Bell Atlantic P.O. Box 1915 Beltville, MD 20705</i>	<i>Telephone</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>12/10/97</i>	<i>585.60</i>
<i>D. Full Name, Mailing Address and ZIP Code New England Card Center P.O. Box 1199 Williston, VT 05495</i>	<i>Travel Expenses</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>12/1/97</i>	<i>1514.80</i>
<i>E. Full Name, Mailing Address and ZIP Code * Ultimate Vendor for Above National Car Rental - *204.70 Hilton Hotels - *290.86 U.S. Air - *506.00</i>	<i>Memo</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>-</i>	<i>Memo</i>
<i>F. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>G. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>H. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>
<i>I. Full Name, Mailing Address and ZIP Code</i>	<i>Purpose of Disbursement</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>Date (month, day, year)</i>	<i>Amount of Each Disbursement This Period</i>

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	<i>8718.20</i>

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 11/31/98
<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	
 PREPARER	2/4/98 DATE PREPARED

11/31/98 12:29:30 PM