

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 16 12 19 PM '98

1. NAME OF COMMITTEE (in full)
Aid Association for Lutherans-PAC

ADDRESS (number and street) Check if different than previously reported.

Post Office Box 1892
CITY, STATE and ZIP CODE
Appleton, WI 54913

2. FEC IDENTIFICATION NUMBER
500466

3. This committee 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

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-date
5. Covering Period	<u>07/01/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>			\$2213.96
(b) Cash on Hand at Beginning of Reporting Period		\$2896.86	
(c) Total Receipts (from Line 19)		\$5832.75	\$13585.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$8729.61	\$15799.61
7. Total Disbursements (from Line 30)		\$3000.0000	\$10070.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$5729.6100	\$5729.61

9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) _____
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) _____

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

I Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Cheryl J. Jawort

Signature of Treasurer
Cheryl J. Jawort

Date
1/12/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. 5437g.

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FEC FORM 3X
(Revised 8/89)

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

(revised 1/1/81)

NAME OF COMMITTEE <u>Aid Association for Lutherans-PAC</u>		REPORT COVERING PERIOD FROM 07/01/97 TO: 12/31/97		
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:				
a. Individuals/Persons Other Than Political Committees				
i. Itemized (Use Schedule A)		\$1874.00	\$4132.00	11(a)(i)
ii. Unitemized		\$3858.75	\$9453.85	11(a)(ii)
iii. Total	(add i and ii)	\$5832.75	\$13585.85	11(a)(iii)
b. Political Party Committees				
c. Other Political Committees (such as PACs)				
d. Total Contributions				
		\$5832.75	\$13585.85	11(d)
12. Transfers From Affiliated/Other Party Committees				
		\$0.00	\$0.00	12
13. All Loans Received				
		\$0.00	\$0.00	13
14. Loan Repayments Received				
		\$0.00	\$0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)				
		\$0.00	\$0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				
		\$0.00	\$0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)				
		\$0.00	\$0.00	17
18. Transfers from Nonfederal Account for Joint Activity				
		\$0.00	\$0.00	18
19. Total Receipts		\$5832.75	\$13585.85	19
20. Total Federal Receipts		\$5832.75	\$13585.85	20
II. DISBURSEMENTS				
21. Operating Expenditures:				
a. Shared Federal/Non Federal Activity (from Schedule H4)				
i. Federal Share		\$0.00	\$0.00	21(a)(i)
ii. Non-Federal Share		\$0.00	\$0.00	21(a)(ii)
b. Other Federal Operating Expenditures				
c. Total Operating Expenditures				
		\$0.00	\$0.00	21(c)
22. Transfers to Affiliated/Other Party Committees				
		\$0.00	\$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees				
		\$1825.0000	\$8920.00	23
24. Independent Expenditures (use Schedule E)				
		\$0.00	\$0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))(Use Schedule F)				
		\$0.00	\$0.00	25
26. Loan Repayments Made				
		\$0.00	\$0.00	26
27. Loans Made				
		\$0.00	\$0.00	27
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees				
		\$0.00	\$0.00	28(a)
b. Political Party Committees				
		\$0.00	\$0.00	28(b)
c. Other Political Committees (such as PACs)				
		\$-125.00	\$-125.00	28(c)
d. Total Contribution Refunds				
		\$-125.00	\$-125.00	28(d)
29. Other Disbursements				
		\$1500.00	\$1375.00	29
30. Total Disbursements		\$3000.0000	\$10070.00	30
31. Total Federal Disbursements		\$3000.0000	\$10070.00	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)				
		\$5832.75	\$13585.85	32
33. Total Contribution Refunds (from line 28d)				
		\$-125.00	\$-125.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)				
		\$5957.75	\$13710.85	34
35. Total Federal Operating Expenditures				
		\$0.00	\$0.00	35
36. Offsets to Operating Expenditures (from line 15)				
		\$0.00	\$0.00	36
37. Net Operating Expenditures				
		\$0.00	\$0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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)

Aid Association for Lutherans-PAC

Full Name, Mailing Address and Zip Code Woodrow Eno 4321 North Ballard Road Appleton, WI 54919- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date -> \$200.00	Date (month, day, year) 07/03/97	Amount of Each Receipt this Period \$20.00
Full Name, Mailing Address and Zip Code Woodrow Eno 4321 North Ballard Road Appleton, WI 54919- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date -> \$220.00	Date (month, day, year) 07/18/97	Amount of Each Receipt this Period \$20.00
Full Name, Mailing Address and Zip Code Woodrow Eno 4321 North Ballard Road Appleton, WI 54919- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date -> \$240.00	Date (month, day, year) 08/01/97	Amount of Each Receipt this Period \$20.00
Full Name, Mailing Address and Zip Code Woodrow Eno 4321 North Ballard Road Appleton, WI 54919- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date -> \$260.00	Date (month, day, year) 08/15/97	Amount of Each Receipt this Period \$20.00
Full Name, Mailing Address and Zip Code Woodrow Eno 4321 North Ballard Road Appleton, WI 54919- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date -> \$280.00	Date (month, day, year) 08/29/97	Amount of Each Receipt this Period \$20.00
Full Name, Mailing Address and Zip Code Woodrow Eno 4321 North Ballard Road Appleton, WI 54919- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date -> \$300.00	Date (month, day, year) 09/12/97	Amount of Each Receipt this Period \$20.00
Full Name, Mailing Address and Zip Code Woodrow Eno 4321 North Ballard Road Appleton, WI 54919- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date -> \$320.00	Date (month, day, year) 09/26/97	Amount of Each Receipt this Period \$20.00

SUBTOTAL of Receipts This Page (optional)

\$140.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code Woodrow Eno 4321 North Ballard Road Appleton, WI 54919- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date ->	Date (month, day, year) 10/10/97 \$340.00	Amount of Each Receipt this Period \$20.00
Full Name, Mailing Address and Zip Code Woodrow Eno 4321 North Ballard Road Appleton, WI 54919- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date ->	Date (month, day, year) 10/24/97 \$360.00	Amount of Each Receipt this Period \$20.00
Full Name, Mailing Address and Zip Code Woodrow Eno 4321 North Ballard Road Appleton, WI 54919- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date ->	Date (month, day, year) 11/07/97 \$380.00	Amount of Each Receipt this Period \$20.00
Full Name, Mailing Address and Zip Code Woodrow Eno 4321 North Ballard Road Appleton, WI 54919- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date ->	Date (month, day, year) 11/21/97 \$400.00	Amount of Each Receipt this Period \$20.00
Full Name, Mailing Address and Zip Code Woodrow Eno 4321 North Ballard Road Appleton, WI 54919- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date ->	Date (month, day, year) 12/05/97 \$420.00	Amount of Each Receipt this Period \$20.00
Full Name, Mailing Address and Zip Code Woodrow Eno 4321 North Ballard Road Appleton, WI 54919- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date ->	Date (month, day, year) 12/19/97 \$440.00	Amount of Each Receipt this Period \$20.00
Full Name, Mailing Address and Zip Code Richard Gunderson 400 River Road Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Board Member Aggregate Year-to-Date ->	Date (month, day, year) 07/18/97 \$400.00	Amount of Each Receipt this Period \$50.00

SUBTOTAL of Receipts This Page (optional)	\$170.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code Richard Gunderson 400 River Road Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Board Member Date (month, day, year) 08/15/97 Aggregate Year-to-Date -> \$450.00	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and Zip Code Richard Gunderson 400 River Road Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Board Member Date (month, day, year) 09/12/97 Aggregate Year-to-Date -> \$500.00	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and Zip Code Richard Gunderson 400 River Road Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Board Member Date (month, day, year) 10/10/97 Aggregate Year-to-Date -> \$550.00	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and Zip Code Richard Gunderson 400 River Road Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Board Member Date (month, day, year) 11/21/97 Aggregate Year-to-Date -> \$600.00	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and Zip Code Richard Gunderson 400 River Road Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Board Member Date (month, day, year) 12/19/97 Aggregate Year-to-Date -> \$650.00	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and Zip Code Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Date (month, day, year) 07/03/97 Aggregate Year-to-Date -> \$224.00	Amount of Each Receipt this Period \$16.00
Full Name, Mailing Address and Zip Code Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Date (month, day, year) 07/18/97 Aggregate Year-to-Date -> \$240.00	Amount of Each Receipt this Period \$16.00

SUBTOTAL of Receipts This Page (optional)	\$282.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015-	AAL Occupation General Agent	08/01/97	\$16.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$256.00	
Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015-	AAL Occupation General Agent	08/15/97	\$16.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$272.00	
Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015-	AAL Occupation General Agent	08/29/97	\$16.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$288.00	
Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015-	AAL Occupation General Agent	09/12/97	\$16.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$304.00	
Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015-	AAL Occupation General Agent	09/26/97	\$16.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$320.00	
Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015-	AAL Occupation General Agent	10/10/97	\$16.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$336.00	
Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015-	AAL Occupation General Agent	10/24/97	\$16.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$352.00	

SUBTOTAL of Receipts This Page (optional)	\$112.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Aggregate Year-to-Date -> \$368.00	Date (month, day, year) 11/07/97	Amount of Each Receipt this Period \$16.00
Full Name, Mailing Address and Zip Code Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Aggregate Year-to-Date -> \$384.00	Date (month, day, year) 11/21/97	Amount of Each Receipt this Period \$26.00
Full Name, Mailing Address and Zip Code Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Aggregate Year-to-Date -> \$400.00	Date (month, day, year) 12/05/97	Amount of Each Receipt this Period \$16.00
Full Name, Mailing Address and Zip Code Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Aggregate Year-to-Date -> \$416.00	Date (month, day, year) 12/19/97	Amount of Each Receipt this Period \$16.00
Full Name, Mailing Address and Zip Code Otis Haarmeyer Suite 200 13731 East Rice Place Aurora, CO 80015- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Aggregate Year-to-Date -> \$432.00	Date (month, day, year) 12/26/97	Amount of Each Receipt this Period \$16.00
Full Name, Mailing Address and Zip Code Nancy Heykes 875 Twin Creeks Road Sobieski, WI 54171- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Vice President Aggregate Year-to-Date -> \$700.00	Date (month, day, year) 01/03/97	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and Zip Code Nancy Heykes 875 Twin Creeks Road Sobieski, WI 54171- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Vice President Aggregate Year-to-Date -> \$750.00	Date (month, day, year) 07/18/97	Amount of Each Receipt this Period \$50.00

SUBTOTAL of Receipts This Page (optional)	\$180.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code Nancy Heykes 875 Twin Creeks Road Sobieski, WI 54171- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Vice President Aggregate Year-to-Date ->	Date (month, day, year) 08/01/97 \$800.00	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and Zip Code Nancy Heykes 875 Twin Creeks Road Sobieski, WI 54171- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Vice President Aggregate Year-to-Date ->	Date (month, day, year) 08/15/97 \$850.00	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and Zip Code Nancy Heykes 875 Twin Creeks Road Sobieski, WI 54171- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Vice President Aggregate Year-to-Date ->	Date (month, day, year) 08/29/97 \$900.00	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and Zip Code Nancy Heykes 875 Twin Creeks Road Sobieski, WI 54171- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Vice President Aggregate Year-to-Date ->	Date (month, day, year) 09/12/97 \$950.00	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and Zip Code Nancy Heykes 875 Twin Creeks Road Sobieski, WI 54171- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Vice President Aggregate Year-to-Date ->	Date (month, day, year) 09/26/97 \$1000.00	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and Zip Code Nancy Heykes 875 Twin Creeks Road Sobieski, WI 54171- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Vice President Aggregate Year-to-Date ->	Date (month, day, year) 10/10/97 \$1050.00	Amount of Each Receipt this Period \$50.00
Full Name, Mailing Address and Zip Code Nancy Heykes 875 Twin Creeks Road Sobieski, WI 54171- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Vice President Aggregate Year-to-Date ->	Date (month, day, year) 10/24/97 \$1100.00	Amount of Each Receipt this Period \$50.00
SUBTOTAL of Receipts This Page (optional)			\$350.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Heykes 875 Twin Creeks Road Sobieski, WI 54171-	AAL Occupation Vice President	11/07/97	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$1150.00	
Nancy Heykes 875 Twin Creeks Road Sobieski, WI 54171-	AAL Occupation Vice President	11/21/97	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$1200.00	
Nancy Heykes 875 Twin Creeks Road Sobieski, WI 54171-	AAL Occupation Vice President	12/05/97	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$1250.00	
Nancy Heykes 875 Twin Creeks Road Sobieski, WI 54171-	AAL Occupation Vice President	12/19/97	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$1300.00	
Jerome Laubenstein 3514 Lexington Drive Appleton, WI 54915-	AAL Occupation Senior Vice President	07/03/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$140.00	
Jerome Laubenstein 3514 Lexington Drive Appleton, WI 54915-	AAL Occupation Senior Vice President	07/18/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$150.00	
Jerome Laubenstein 3514 Lexington Drive Appleton, WI 54915-	AAL Occupation Senior Vice President	08/01/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$160.00	
SUBTOTAL of Receipts This Page (optional)			5230.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code Jerome Laubenstein 3514 Lexington Drive Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date ->	Date (month, day, year) 08/15/97 \$170.00	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Jerome Laubenstein 3514 Lexington Drive Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date ->	Date (month, day, year) 08/29/97 \$180.00	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Jerome Laubenstein 3514 Lexington Drive Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date ->	Date (month, day, year) 09/12/97 \$190.00	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Jerome Laubenstein 3514 Lexington Drive Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date ->	Date (month, day, year) 09/26/97 \$200.00	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Jerome Laubenstein 3514 Lexington Drive Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date ->	Date (month, day, year) 10/10/97 \$210.00	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Jerome Laubenstein 3514 Lexington Drive Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date ->	Date (month, day, year) 10/24/97 \$220.00	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Jerome Laubenstein 3514 Lexington Drive Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date ->	Date (month, day, year) 11/07/97 \$230.00	Amount of Each Receipt this Period \$10.00
SUBTOTAL of Receipts This Page (optional)			\$70.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Full Name, Mailing Address and Zip Code Jerome Laubenstein 3514 Lexington Drive Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date -> \$240.00	Date (month, day, year) 11/21/97	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Jerome Laubenstein 3514 Lexington Drive Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/05/97	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Jerome Laubenstein 3514 Lexington Drive Appleton, WI 54915- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Senior Vice President Aggregate Year-to-Date -> \$260.00	Date (month, day, year) 12/19/97	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Mary Beth Leib 2680 Montclair Drive Oshkosh, WI 54904- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Director Aggregate Year-to-Date -> \$140.00	Date (month, day, year) 07/03/97	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Mary Beth Leib 2680 Montclair Drive Oshkosh, WI 54904- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Director Aggregate Year-to-Date -> \$150.00	Date (month, day, year) 07/18/97	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Mary Beth Leib 2680 Montclair Drive Oshkosh, WI 54904- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Director Aggregate Year-to-Date -> \$160.00	Date (month, day, year) 08/01/97	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Mary Beth Leib 2690 Montclair Drive Oshkosh, WI 54904- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Director Aggregate Year-to-Date -> \$170.00	Date (month, day, year) 08/15/97	Amount of Each Receipt this Period \$10.00
SUBTOTAL of Receipts This Page (optional)			\$70.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code Mary Beth Leib 2680 Montclair Drive Oshkosh, WI 54904-	Name of Employer AAL Occupation Director	Date (month, day, year) 08/29/97	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$180.00		
Full Name, Mailing Address and Zip Code Mary Beth Leib 2680 Montclair Drive Oshkosh, WI 54904-	Name of Employer AAL Occupation Director	Date (month, day, year) 09/12/97	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$190.00		
Full Name, Mailing Address and Zip Code Mary Beth Leib 2680 Montclair Drive Oshkosh, WI 54904-	Name of Employer AAL Occupation Director	Date (month, day, year) 09/26/97	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$200.00		
Full Name, Mailing Address and Zip Code Mary Beth Leib 2680 Montclair Drive Oshkosh, WI 54904-	Name of Employer AAL Occupation Director	Date (month, day, year) 10/10/97	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$210.00		
Full Name, Mailing Address and Zip Code Mary Beth Leib 2680 Montclair Drive Oshkosh, WI 54904-	Name of Employer AAL Occupation Director	Date (month, day, year) 10/24/97	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$220.00		
Full Name, Mailing Address and Zip Code Mary Beth Leib 2680 Montclair Drive Oshkosh, WI 54904-	Name of Employer AAL Occupation Director	Date (month, day, year) 11/07/97	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$230.00		
Full Name, Mailing Address and Zip Code Mary Beth Leib 2680 Montclair Drive Oshkosh, WI 54904-	Name of Employer AAL Occupation Director	Date (month, day, year) 11/21/97	Amount of Each Receipt this Period \$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$240.00		

SUBTOTAL of Receipts This Page (optional) \$70.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code Mary Beth Leib 2680 Montclair Drive Oshkosh, WI 54904- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Director Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 12/05/97	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Mary Beth Leib 2680 Montclair Drive Oshkosh, WI 54904- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation Director Aggregate Year-to-Date -> \$260.00	Date (month, day, year) 12/19/97	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Aggregate Year-to-Date -> \$140.00	Date (month, day, year) 07/03/97	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Aggregate Year-to-Date -> \$150.00	Date (month, day, year) 07/18/97	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Aggregate Year-to-Date -> \$160.00	Date (month, day, year) 08/01/97	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Aggregate Year-to-Date -> \$170.00	Date (month, day, year) 08/15/97	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Aggregate Year-to-Date -> \$180.00	Date (month, day, year) 08/29/97	Amount of Each Receipt this Period \$10.00
SUBTOTAL of Receipts This Page (optional)			\$70.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794-	AAL Occupation General Agent	09/12/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ->	\$190.00
David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794-	AAL Occupation General Agent	09/26/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ->	\$200.00
David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794-	AAL Occupation General Agent	10/10/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ->	\$210.00
David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794-	AAL Occupation General Agent	10/24/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ->	\$220.00
David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794-	AAL Occupation General Agent	11/07/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ->	\$230.00
David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794-	AAL Occupation General Agent	11/21/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ->	\$240.00
David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794-	AAL Occupation General Agent	12/05/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ->	\$250.00

SUBTOTAL of Receipts This Page (optional) \$70.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794-	AAL Occupation General Agent	12/19/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$260.00	
David Vorpagel Suite 110 500 North Maitland Avenue Maitland, FL 32794-	AAL Occupation General Agent	12/26/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$270.00	
Robert Wellner 100 East Bremer Avenue Waverly, IA 50677-	AAL Occupation General Agent	07/03/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$140.00	
Robert Wellner 100 East Bremer Avenue Waverly, IA 50677-	AAL Occupation General Agent	07/18/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$150.00	
Robert Wellner 100 East Bremer Avenue Waverly, IA 50677-	AAL Occupation General Agent	08/01/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$160.00	
Robert Wellner 100 East Bremer Avenue Waverly, IA 50677-	AAL Occupation General Agent	08/15/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$170.00	
Robert Wellner 100 East Bremer Avenue Waverly, IA 50677-	AAL Occupation General Agent	08/29/97	\$10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$180.00	
SUBTOTAL of Receipts This Page (optional)			\$70.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code Robert Wellner 100 East Bremer Avenue Waverly, IA 50677- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Date (month, day, year) 09/12/97 Aggregate Year-to-Date -> \$190.00	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Robert Wellner 100 East Bremer Avenue Waverly, IA 50677- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Date (month, day, year) 09/26/97 Aggregate Year-to-Date -> \$200.00	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Robert Wellner 100 East Bremer Avenue Waverly, IA 50677- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Date (month, day, year) 10/10/97 Aggregate Year-to-Date -> \$210.00	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Robert Wellner 100 East Bremer Avenue Waverly, IA 50677- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Date (month, day, year) 10/24/97 Aggregate Year-to-Date -> \$220.00	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Robert Wellner 100 East Bremer Avenue Waverly, IA 50677- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Date (month, day, year) 11/07/97 Aggregate Year-to-Date -> \$230.00	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Robert Wellner 100 East Bremer Avenue Waverly, IA 50677- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Date (month, day, year) 11/21/97 Aggregate Year-to-Date -> \$240.00	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Robert Wellner 100 East Bremer Avenue Waverly, IA 50677- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Date (month, day, year) 12/05/97 Aggregate Year-to-Date -> \$250.00	Amount of Each Receipt this Period \$10.00

SUBTOTAL of Receipts This Page (optional) \$70.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code Robert Wellner 100 East Bremer Avenue Waverly, IA 50677- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Aggregate Year-to-Date -> \$260.00	Date (month, day, year) 12/19/97	Amount of Each Receipt this Period \$10.00
Full Name, Mailing Address and Zip Code Robert Wellner 100 East Bremer Avenue Waverly, IA 50677- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AAL Occupation General Agent Aggregate Year-to-Date -> \$270.00	Date (month, day, year) 12/26/97	Amount of Each Receipt this Period \$10.00
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
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
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
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
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
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)			\$20.00
TOTAL This Period (last page this line number only)			\$1974.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
 Aid Association for Lutherans-PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
Citizens Encouraging Mark Green for Cong Post Office Box 13103 Green Bay, WI 54307-	US Congress, WI 8th district Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/20/97	\$500.00
Neumann for Congress 17 South River Street Suite 253 Janesville, WI 53545-	US Congress, WI 1st District Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/04/97	\$1000.00
The Sensenbrenner Committee Post Office Box 575 Milwaukee, WI 53008-	US House, WI 9th District Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/19/97	\$125.00
		/ /	
		/ /	
		/ /	

SUBTOTAL of Disbursements This Page (optional)	\$1625.00
TOTAL This Period (last page this line number only)	\$1625.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Aid Association for Lutherans-PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
The Sensesbender Committee Post Office Box 575 Milwaukee, WI 53008-	Contribution Refund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/19/97	\$-125.00
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)	/ /	Amount of Each Receipt this Period
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)	/ /	Amount of Each Receipt this Period
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)	/ /	Amount of Each Receipt this Period
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)	/ /	Amount of Each Receipt this Period
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)	/ /	Amount of Each Receipt this Period

SUBTOTAL of Disbursements This Page (optional)	\$-125.00
TOTAL This Period (last page this line number only)	\$-125.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Aid Association for Lutherans-PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Receipt this Period
GovernorThompson Committee 1860 East Washington Avenue Suite C4 Madison, WI 53704-	WI Governor Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/30/97	\$1500.00
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)	/ /	Amount of Each Receipt this Period
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)	/ /	Amount of Each Receipt this Period
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)	/ /	Amount of Each Receipt this Period
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)	/ /	Amount of Each Receipt this Period
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)	/ /	Amount of Each Receipt this Period

SUBTOTAL of Disbursements This Page (optional)	\$1500.00
TOTAL This Period (last page this line number only)	\$1500.00

Federal Election Commission

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