

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Jul 19 1 00 PM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
James For Congress Committee, Inc

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

CITY, STATE and ZIP CODE
Ancramdale NY 12503 NY 12503

2. FEC IDENTIFICATION NUMBER
C00319806

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- 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)
- 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- Termination Report
- This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4/30/96 through 6/30/96		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	17200.00	17200.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	17200.00	17200.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	0.00
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	0.00	0.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	17200.00	
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
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-8530
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
John Van Ness Philip

Signature of Treasurer
John Van Ness Philip

Date
7/13/96

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 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:		
<u>James For Congress Committee, Inc.</u>	From: <u>4/30/96</u>	To: <u>6/30/96</u>	①
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			11(a)(i)
(i) Itemized (use Schedule A)	16150.00		11(a)(ii)
(ii) Unitemized	50.00		11(a)(iii)
(iii) Total of contributions from individuals	16200.00	16200.00	11(b)
(b) Political Party Committees			11(c)
(c) Other Political Committees (such as PACs)	1000.00	1000.00	11(d)
(d) The Candidate			11(e)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d))	17200.00	17200.00	
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0	0	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	0	0	13(a)
(b) All Other Loans	0	0	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	0	0	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0	0	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0	0	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	17200.00	17200.00	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	0	0	17
<i>(See Memo entry to Schedule A)</i>			
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	0	0	19(a)
(b) Of All Other Loans	0	0	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0	0	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	0	0	20(a)
(b) Political Party Committees	0	0	20(b)
(c) Other Political Committees (such as PACs)	0	0	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0	0	20(d)
21. OTHER DISBURSEMENTS	0	0	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	0	0	22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 0.00	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 17200.00	24
25. SUBTOTAL (add Line 23 and Line 24)	\$ 17200.00	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 0.00	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 17200.00	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER

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)			
James For Congress Committee, Inc			
<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Sheldon Tilney 141 E. 88th St. No. 3A New York NY 10128</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Arab Banking Corp</p> <p>Occupation</p> <p>Banker</p> <p>Aggregate Year-to-Date</p> <p>\$</p>	<p>Date (month, day, year)</p> <p>6/24/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Gail M. Harrity 141 E 88th St. No 3A New York NY 10128</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Guggenheim Museum</p> <p>Occupation</p> <p>Museum Administrator</p> <p>Aggregate Year-to-Date</p> <p>\$</p>	<p>Date (month, day, year)</p> <p>6/24/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Michael D. Andreas 83 North Country Club Road Decatur IL 62521</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Archer Daniels Midland Company</p> <p>Occupation</p> <p>Business Executive</p> <p>Aggregate Year-to-Date</p> <p>\$</p>	<p>Date (month, day, year)</p> <p>6/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Barbara O. Frost 21 Chestnut St. Rhinebeck NY 12572</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p></p> <p>Occupation</p> <p></p> <p>Aggregate Year-to-Date</p> <p>\$</p>	<p>Date (month, day, year)</p> <p>6/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$200.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>M. S. Gommer 5 Pilgrim Lane Weston, CT 06883</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Self Employed</p> <p>Occupation</p> <p>Artist</p> <p>Aggregate Year-to-Date</p> <p>\$</p>	<p>Date (month, day, year)</p> <p>6/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Sheldon Evans 242 Leggett Rd Chent NY 12075</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Self Employed</p> <p>Occupation</p> <p>Real Estate</p> <p>Aggregate Year-to-Date</p> <p>\$</p>	<p>Date (month, day, year)</p> <p>6/29/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Megan Gallagher 10666 Wilshire Blvd 10th Fl Los Angeles, CA 90024</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Self Employed</p> <p>Occupation</p> <p>Artist</p> <p>Aggregate Year-to-Date</p> <p>\$</p>	<p>Date (month, day, year)</p> <p>6/28/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>3950.00</p>
<p>TOTAL This Period (last page this line number only)</p>			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF **5**
FOR LINE NUMBER

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)			
James For Congress Committee, Inc.			
<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Terry L. Andreas PO Box 1470 Decatur IL 62525</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>School For Field Studies</p> <p>Occupation</p> <p>Volunteer + Private Investor</p> <p>Aggregate Year-to-Date</p>	<p>Date (month, day, year)</p> <p>6/20/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Terry L. Andreas PO Box 1470 Decatur IL 62525</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>School For Field Studies</p> <p>Occupation</p> <p>Volunteer + Private Investor</p> <p>Aggregate Year-to-Date</p>	<p>Date (month, day, year)</p> <p>6/20/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Sue B. James 10 Peninsula Dr. Apt. 27 Erie, PA 16505-2058</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Retired</p> <p>Aggregate Year-to-Date</p>	<p>Date (month, day, year)</p> <p>6/21/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Sue B. James 10 Peninsula Dr. Apt. 27 Erie, PA 16505-2058</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Retired</p> <p>Aggregate Year-to-Date</p>	<p>Date (month, day, year)</p> <p>6/21/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Robert A. James Presque Isle Shores 10 Peninsula Dr. Apt. 27 Erie, PA 16505</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Retired</p> <p>Aggregate Year-to-Date</p>	<p>Date (month, day, year)</p> <p>6/21/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Robert A. James Presque Isle Shores 10 Peninsula Dr. Apt. 27 Erie, PA 16505</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Retired</p> <p>Aggregate Year-to-Date</p>	<p>Date (month, day, year)</p> <p>6/21/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$1000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>E. Burke Ross Jr. 330 South Street PO Box 1975 Morristown NJ 07962-1975</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Harding Wesley Corp</p> <p>Occupation</p> <p>Business Man</p> <p>Aggregate Year-to-Date</p>	<p>Date (month, day, year)</p> <p>6/27/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$500.00</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>6500.00</p>
<p>TOTAL This Period (last page this line number only)</p>			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

James For Congress Committee, Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin B. Delahanty 425 E 72nd St, Box 30 New York NY 10021		6/20/96	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jaqueline Wilder 595 Pumpkin Hollow Rd. Anram NY 12502	Self Employed	6/27/96	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Potter 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
Phillip E. Raskin 219 E. Lake Shore Drive Apt 2A Chicago IL 60611	Leo Barnett Co.	6/20/96	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Advertising Exe. 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
Phillip E. Raskin 219 E. Lake Shore Drive Apt 2A Chicago IL 60611	Leo Barnett Co.	6/20/96	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Advertising Exe. 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
Roger S. Berling 120 East End Ave. New York NY 10028	Berling Productions	6/21/96	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Producer 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
Jeffrey A. Moss 211 CPO New York NY 10024	Self Employed	6/27/96	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Writer/Composer 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
John S. Erwin P.O. Box 991 Halsey Lane Water Mill, NY 11976	Hill Willmant Erwin	6/20/96	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

5200.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

James For Congress Committee, Inc.

request for refund received 7/13/96 - be made. get 1000 PEP

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard H. Bernheim Jr 30 E. 71st St. New York, NY 10021 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Bear Stearns Occupation: Broker Aggregate Year-to-Date: \$	6/21/96	\$500.00
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
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 As of 6/30/96 the candidate has advanced the campaign's office expenses \$1,232.21 Total: \$1,498.38 phone = 57.26 postage = 18.91 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

Memo Entry (X)

SUBTOTAL of Receipts This Page (total)	500.00
TOTAL This Report (total page plus page number only)	500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
James For Congress Committee, Inc.

A. Full Name, Mailing Address and ZIP Code Adm PAC IA Qualified Multicandidate Committee PO Box 1470 Decatur, Illinois 62525	Name of Employer (PAC) Occupation Aggregate Year-to-Date \$ 5	Date (month, day, year) 6/30/96	Amount of Each Receipt this Period \$ 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	17150.00

N/A

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 James For Congress Committee, Inc

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
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 (specify)		
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 (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

N/A

LOANS

Name of Committee (In Full) <h1 style="margin: 0;">James For Congress Committee, Inc.</h1>						
A. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) _____ Secured _____						
List All Endorsers or Guarantors (if any) to Item A						
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$	(This area is shaded to indicate that the information is not to be reported.)				
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
B. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) _____ Secured _____						
List All Endorsers or Guarantors (if any) to Item B						
1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$			(This area is shaded to indicate that the information is not to be reported.)		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$					
SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						

N/A

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) James For Congress Committee, Inc.		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER		DATE
TYPED NAME	SIGNATURE	

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE		TITLE	DATE
TYPED NAME	SIGNATURE		

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

N/A

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<i>James For Congress Committee, Inc</i>				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

N/A

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee				Report Covering Period:				
James For Congress Committee, Inc.				From:		To:		
Committee Name(s)				(a) Line No. 11(a) Total Contributions From Individuals Other Than Political Comtee.	(b) Line No. 11(b) Total Contributions From Political Party Committees	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions
A								
B								
C								
D								
E								
F								
G								
H								
I	Column Total This Page							
J	Column Total Last Page Only							
(f) Line No. 12 Total Transfers From Other Authorized Committees		(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
(n) Line No. 18 Total Transfers to Other Authorized Committees	(o) Line No. 18(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 18(b) Total Loan Repayments of All Other Loans	(q) Line No. 18(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals' Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees	(u) Line No. 20(d) Total Contribution Refunds	
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debit & Oblig. Owed TO the Committee	(aa) Line No. 10 Debit & Oblig. Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures	
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								

N/A

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE LELW
James For Congress Committee, Inc

ADDRESS (number and street)

CITY, STATE, and ZIP CODE

2. NAME OF CANDIDATE

3. OFFICE Sought (State and District)

4. FEC IDENTIFICATION NUMBER

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.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
SIGNATURE (optional)	DATE	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-219-3420	

FEC FORM 6

(11/93)

N/A

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE (Legal)
James for Congress Committee, Inc.

ADDRESS (number and street)

CITY, STATE, and ZIP CODE

2. NAME OF CANDIDATE

3. OFFICE SOUGHT (State and District)

4. FEC IDENTIFICATION NUMBER

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.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		

SIGNATURE (optional)

DATE

For further information contact:
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-6530, Local 202-219-5420

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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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

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Registered/Certified Mail

POSTMARKED

7-15-96

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JES
PREPARER

7-19-96
DATE PREPARED