

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Oct 21 10 00 AM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) American Commercial Lines, Inc: Effective Government Fund		2. FEC IDENTIFICATION NUMBER C-000-77982
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1701 East Market Street		
CITY, STATE and ZIP CODE Jeffersonville, IN 47130		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Sept. 1, 1997</u> through <u>Sept. 30, 1997</u>		
6. (a) Cash on Hand January 1, 1997		\$ 37,370.12
(b) Cash on Hand at Beginning of Reporting Period	\$ 37,627.19	
(c) Total Receipts (from Line 18)	\$ 3,029.56	\$ 25,417.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 40,656.75	\$ 62,787.38
7. Total Disbursements (from Line 30)	\$ 1,000.00	\$ 23,130.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 39,656.75	\$ 39,656.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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 Susan G. Lawler, Treasurer	Date 10/20/97
Signature of Treasurer 	

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

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/81)

NAME OF COMMITTEE American Commercial Lines, Inc. Effective Government Fund		REPORT COVERING PERIOD FROM Sept. 1, 1997 to Sept. 30, 1997	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees	\$2,104.78	\$12,723.60
i.	Itemized (use Schedule A)	924.78	12,693.66
ii.	Unitemized	3,029.56	25,417.26
iii.	Total	(add i and ii) >	
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions	\$3,029.56	\$25,417.26
	(add a iii, b and c) >		
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)		
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts	\$3,029.56	\$25,417.26
	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20.	Total Federal Receipts	\$3,029.56	\$25,417.26
	(subtract line 18 from line 19) >		
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures		
c.	Total Operating Expenditures		
	(add a i, a ii, and b) >		
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	\$1,000.00	\$23,130.63
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds		
	(add a, b and c) >		
29.	Other Disbursements		
30.	Total Disbursements	\$1,000.00	\$23,130.63
	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		
31.	Total Federal Disbursements	\$1,000.00	\$23,130.63
	(subtract line 21 a ii from line 30) >		
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	\$3,029.56	\$25,417.26
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans)(subtract line 33 from 32)	\$3,029.56	\$25,417.26
35.	Total Federal Operating Expenditures		
	(add 21 a i and 21 b) >		
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures		
	(subtract line 35 from 35) >		

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)
American Commercial Lines, Inc. Effective Government Fund C-000-77962

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL C. HAGAN 8000 WESTOVER DRIVE PROSPECT, KY 40069	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 250.00 (125.00 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation PRESIDENT & CEO	Aggregate Year-to-Date \$ 1,833.28	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANIEL J. MARQUITZ 7510 CHESTNUT HILL DRIVE PROSPECT, KY 40069	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 155.84 (77.92 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR. VICE PRESIDENT	Aggregate Year-to-Date \$ 1,402.58	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM WHITLOCK 4007 FOX MEADOW WAY PROSPECT, KY 40059	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 128.66 (64.33 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR. VICE PRESIDENT	Aggregate Year-to-Date \$ 1,139.54	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT W. GREENE, III 5503 RIVER KNOLL DRIVE LOUISVILLE, KY 40222	ACMS	TWICE A MONTH PAYROLL DEDUCTION	\$ 125.40 (62.70 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date \$ 1,137.60	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY C. STRENCH 1810 LAUDERDALE ROAD LOUISVILLE, KY 40205	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 65.00 (42.50 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DEPUTY GENERAL & SECRETARY	Aggregate Year-to-Date \$ 605.25	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES J. WOLFF 140 SAGAMORE ROAD LOUISVILLE, KY 40207	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 96.10 (48.05 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR. VICE PRESIDENT	Aggregate Year-to-Date \$ 684.90	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CLARENCE W. KINZELER, II 118 RUE HOLIDAY SLIDELL, LA 70481	ACMS	TWICE A MONTH PAYROLL DEDUCTION	\$ 85.00 (42.50 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT & GENERAL MANAGER	Aggregate Year-to-Date \$ 738.28	

SUBTOTAL of Receipts This Page (optional) \$ 925.00
TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
 American Commercial Lines, Inc. Effective Government Fund C-000-77962

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENNIS M. HILL 5953 LENTZIER TRACE JEFFERSONVILLE, IN 47130	ACMS	TWICE A MONTH PAYROLL DEDUCTION	\$ 57.50 (28.75 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TERMINAL MANAGER	Aggregate Year-to-Date \$ 617.50	
GORDON W. JACKSON 3820 S. BIRCHFIELD HARVEY, LA 70056	ACMS	TWICE A MONTH PAYROLL DEDUCTION	\$ 57.48 (28.73 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MARINE SUPERINTENDENT	Aggregate Year-to-Date \$ 487.21	
JAMES L. ADAMS 502 TOWER DRIVE, APT. 4 LOUISVILLE, KY 40207	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 64.16 (32.08 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ASSISTANT VICE PRESIDENT	Aggregate Year-to-Date \$ 524.16	
JAMES F. FARLEY 8804 LIPPINCOTT LOUISVILLE, KY 40207	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 97.80 (48.90 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	Aggregate Year-to-Date \$ 688.23	
GEOFFREY L. FULLER 1710 N.A. CHARLESTOWN ROAD JEFFERSONVILLE, IN 47130	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 90.50 (45.25 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	Aggregate Year-to-Date \$ 657.32	
LARRY J. WEAS 1710 N.A. CHARLESTOWN ROAD #128 JEFFERSONVILLE, IN 47130	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 95.84 (47.92 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	Aggregate Year-to-Date \$ 787.18	
MICHAEL A. KHOURI 11312 BODLEY DRIVE LOUISVILLE, KY 40207	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 125.00 (62.50 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR. VICE PRESIDENT	Aggregate Year-to-Date \$ 937.50	

SUBTOTAL of Receipts This Page (optional)	\$ 588.26
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (If Full)
 American Commercial Lines, Inc. Effective Government Fund C-000-77982

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN G. LAWLER 2409 RANDELL DRIVE LOUISVILLE, KY 40204	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 81.86 (40.53 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	Aggregate Year-to-Date \$ 587.53	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALAN B. ROACH 3008 GUS ENNETT TRAIL SELLERSBURG, IN 47172	ACLB	TWICE A MONTH PAYROLL DEDUCTION	\$ 44.16 (22.08 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGER	Aggregate Year-to-Date \$ 382.81	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN L. LYLES C/O RANDY LYLES HC 86 BOX 72B MYRTLE POINT, DR 87458	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 44.40 (22.20 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BOAT OFFICER	Aggregate Year-to-Date \$ 399.60	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH A. MATHIES P.O. BOX 188 FRENCH VILLAGE, MO 63038	ACBL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BOAT OFFICER	Aggregate Year-to-Date \$ 285.18	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK R. STAAB 5474 ANSTEATT ROAD BATAVIA, OH 48103	ACBL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BOAT OFFICER	Aggregate Year-to-Date \$ 389.80	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIMOTHY R. ROBINSON 2428 CHRISTOPHER WINDS LANE ST. LOUIS, MO 63129	ACMS	TWICE A MONTH PAYROLL DEDUCTION	\$ 36.00 (18.00 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGER	Aggregate Year-to-Date \$ 334.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTIAN BRINKOP 1806 ROUND REDGE ROAD LOUISVILLE, KY 40207	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 40.00 (20.00 PER PAY PERIOD)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	Aggregate Year-to-Date \$ 380.00	

SUBTOTAL of Receipts This Page (optional) \$ 248.22

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full) American Commercial Lines, Inc. Effective Government Fund C-000-77982			
A. Full Name, Mailing Address and ZIP Code BRUCE D. DENNIS P.O. BOX 217 MATAGORDA, TX 77457 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACBL	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation BOAT OFFICER Aggregate Year-to-Date > \$ 304.00		
B. Full Name, Mailing Address and ZIP Code DENNIS P. EHRINGER 2312 INGLESIDE DRIVE LOUISVILLE, KY 40205 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACMS	Date (month, day, year) TWICE A MONTH PAYROLL DEDUCTION	Amount of Each Receipt this Period \$ 40.00 (20.00 PER PAY PERIOD)
	Occupation VICE PRESIDENT Aggregate Year-to-Date > \$ 580.00		
C. Full Name, Mailing Address and ZIP Code HELEN A. ADAMS 3005 HARRODS LANDING PROSPECT, KY 40019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACBL	Date (month, day, year) TWICE A MONTH PAYROLL DEDUCTION	Amount of Each Receipt this Period \$ 50.00 (25.00 PER PAY PERIOD)
	Occupation ASSISTANT VICE PRESIDENT Aggregate Year-to-Date > \$ 345.76		
D. Full Name, Mailing Address and ZIP Code ROBERT G. BURNS 425 MARQUETTE DR. LOUISVILLE, KY 40222 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACBL	Date (month, day, year) TWICE A MONTH PAYROLL DEDUCTION	Amount of Each Receipt this Period \$ 41.66 (20.83 PER PAY PERIOD)
	Occupation ATTORNEY Aggregate Year-to-Date > \$ 298.81		
E. Full Name, Mailing Address and ZIP Code CHARLES W. BAUGHMAN BOX 327 PANGBURN, AR 72121 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACBL	Date (month, day, year) TWICE A MONTH PAYROLL DEDUCTION	Amount of Each Receipt this Period \$ 30.00 (15.00 PER PAY PERIOD)
	Occupation BOAT OFFICER Aggregate Year-to-Date > \$ 270.00		
F. Full Name, Mailing Address and ZIP Code CLAUDE L. GOODELL P.O. BOX 1310 WEAHITCHKA, FL 32469 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACBL	Date (month, day, year) ONCE A MONTH PAYROLL DEDUCTION	Amount of Each Receipt this Period \$ 30.00 (30.00 PER MONTH)
	Occupation BOAT OFFICER Aggregate Year-to-Date > \$ 270.00		
G. Full Name, Mailing Address and ZIP Code MURRAY F. VALENTINE 837 TEWKESBURY LANE SEVERNA PARK, MD 21148 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GBCOM	Date (month, day, year) TWICE A MONTH PAYROLL DEDUCTION	Amount of Each Receipt this Period \$ 79.34 (38.67 PER PAY PERIOD)
	Occupation GENERAL MANAGER Aggregate Year-to-Date > \$ 317.36		
SUBTOTAL of Receipts This Page (optional)			\$ 271.00
TOTAL This Period (last page this line number only)			

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NAME OF COMMITTEE (in Full)
 American Commercial Lines, Inc. Effective Government Fund C-000-77582

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BERNEL A. JOHNSON 7020 BAMBERRY ST. NEW ORLEANS, LA 70126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ACMS	TWICE A MONTH PAYROLL DEDUCTION	\$ 24.30 (12.15 PER PAY PERIOD)
	Occupation SECURITY	Aggregate Year-to-Date > \$ 218.70	
B. Full Name, Mailing Address and ZIP Code LARRY Y. STRAIN 2911 HOMEWOOD PLACE LOUISVILLE, KY 40241 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 25.00 (12.50 PER PAY PERIOD)
	Occupation MARINE SUPERINTENDENT	Aggregate Year-to-Date > \$ 228.00	
C. Full Name, Mailing Address and ZIP Code MICHAEL D. COLLINS RR#2 IRVINE, KY 40336 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ACBL	TWICE A MONTH PAYROLL DEDUCTION	\$ 25.00 (12.50 PER PAY PERIOD)
	Occupation BOAT OFFICER	Aggregate Year-to-Date > \$ 225.00	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	\$ 74.30
TOTAL This Period (last page this line number only)	\$ 2,104.78

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NAME OF COMMITTEE (in Full) **American Commercial Lines, Inc. Effective Government Fund C-000-77982**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF MIKE PARKER FOR CONGRESS P.O. DRAWER 22B BROOKHAVEN, MS 39601-0228	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/9/97	\$ 500.00
RE-ELECT MCGOVERN COMMITTEE P.O. BOX 405 WORCHESTER, MA 01606	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/25/97	\$ 500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Receipts This Page (optional).....	\$ 1,000.00
TOTAL This Period (last page this line number only).....	\$ 1,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10/21/97
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<p style="text-align: center;"><i>E.S.</i> 10/21/97</p>	
PREPARER	DATE PREPARED