

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

FILED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 3 11 45 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Hollister For Congress Committee		2. FEC IDENTIFICATION NUMBER 000328492
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 107 Iroquois Lane, P.O. Box 714		
CITY, STATE and ZIP CODE Marietta, OH 45750	STATE/DISTRICT OH/6	
3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

4. TYPE OF REPORT

- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election)
- July 15 Quarterly Report election on _____ in the State of _____
- October 15 Quarterly Report 90-Day Post-Election Report following the General Election
- January 31 Year End Report on _____ in the State of _____
- July 31 Mid-Year Report (Non-election Year Only) 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
<u>11/24/98</u> through <u>12/31/98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	6,600.00	924,932.19
(b) Total Contribution Refunds (from Line 20(d))	-0-	4,089.71
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	6,600.00	920,842.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3,006.85	976,316.83
(b) Total Offsets to Operating Expenditures (from Line 14)	132.50	377.09
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	2,874.85	975,939.74
8. Cash on Hand at Close of Reporting Period (from Line 27)	4,280.52	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	-0-	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	1,666.95	

For further information contact:
Federal Election Commission
968 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3426

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 Dorothy Poppel	Date
Signature of Treasurer <i>Dorothy Poppel</i>	<i>1/29/99</i>

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 3
(revised 4/87)

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Hollister For Congress Committee	Report Covering the Period:	
	From: 11/24/98	To: 12/31/98
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		
(i) Itemized (use Schedule A) _____	3,500.00	
(ii) Unitemized _____	100.00	
(iii) Total of contributions from individuals _____	3,600.00	467,095.27
(b) Political Party Committees _____	-0-	19,750.00
(c) Other Political Committees (such as PACs) _____	3,000.00	438,086.92
(d) The Candidate _____	-0-	-0-
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) _____	6,600.00	924,932.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES _____		
13. LOANS:		
(a) Made or Guaranteed by the Candidate _____		
(b) All Other Loans _____		
(c) TOTAL LOANS (add 13(a) and (b)) _____		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) _____	132.50	377.09
15. OTHER RECEIPTS (Dividends, Interest, etc.) _____	40.00	1,082.20
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) _____	6,772.50	926,391.48
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES _____	3,006.85	976,316.83
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES _____		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate _____		
(b) Of All Other Loans _____		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) _____		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees _____	-0-	3,839.71
(b) Political Party Committees _____	-0-	250.00
(c) Other Political Committees (such as PACs) _____	-0-	-0-
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) _____	-0-	4,089.71
21. OTHER DISBURSEMENTS _____		
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) _____	3,006.85	980,406.54

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD _____	\$	514.87	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) _____	\$	6,772.50	
25. SUBTOTAL (add Line 23 and Line 24) _____	\$	7,287.37	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) _____	\$	3,006.85	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) _____	\$	4,280.52	

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) Hollister For Congress Committee	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Campaign Connection, Inc. 3618 Single Leaf Court High Point, NC 27265	1,666.95	-0-	-0-	1,666.95
Nature of Debt (Purpose): Consulting-Accounting & Expenses				
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)				1,666.95
2) TOTALS This Period (last page in this line only)				1,666.95
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				1,666.95

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11 (a) (i)

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)

Hollister For Congress Committee C00328492

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Vincent Abramo 7637 Aldbridge Place Dublin, OH 43017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self-employed Occupation: Attorney	12/1/98	250.00
Mrs. Barbara V. Elias 31 Halston Parkway East Amherst, NY 14051 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Elia Asset Management Occupation: Administrator	11/26/98	1,000.00
Mr. James T. Hurt 30299 Pinetree Road #230 Pepper Pike, OH 44124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	DRI, Inc. Occupation: Mining	11/26/98	1,000.00
Mr. Roger J. Reschini 922 Philadelphia Street Indiana, PA 15701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ohio Valley Coal Occupation: Miner	11/26/98	1,000.00
Mr. John J. Schiff, Jr. 8720 Camargo Cincinnati, OH 45243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Cincinnati Financial Occupation: Executive	12/1/98	250.00
 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	 Occupation: Aggregate Year-to-Date: \$	 Date (month, day, year):	 Amount of Each Receipt this Period
 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	 Occupation: Aggregate Year-to-Date: \$	 Date (month, day, year):	 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	3,500.00
TOTAL This Period (last page this line number only).....	3,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full) **Hollister For Congress Committee** C00328492

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Lynn M. Ellis 328 Fourth Street Marietta, OH 45750 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ellis & Ellis Occupation Attorney	11/26/98 Aggregate Year-to-Date \$ 100.00	100.00
Full Name, Mailing Address and ZIP Code Receipt For: <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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)			100.00
TOTAL This Period (last page this line number only)			100.00

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Hollister For Congress Committee C00328492

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Hotel & Motel Association PAC 1201 New York Avenue NW #600 Washington, DC 20005-3931 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	C00001198 Occupation	12/23/98	2,000.00
Aggregate Year-to-Date > \$		5,000.00	
Citizens for Gardner 431 North Prospect Street Bowling Green, OH 43402 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Committee Occupation	11/26/98	1,000.00
Aggregate Year-to-Date > \$		1,000.00	
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$		0.00	

SUBTOTAL of Receipts This Page (optional).....	3,000.00
TOTAL This Period (last page this line number only).....	3,000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
14		

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NAME OF COMMITTEE (In Full)
Hollister for Congress Committee C00328492

A. Full Name, Mailing Address and ZIP Code Halamay Color Lab, Inc. 2008 S. Main Street Akron, OH 44301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Refund	Date (month, day, year) 12/02/98	Amount of Each Receipt This Period 57.92
	Occupation		
	Aggregate Year-to-Date		57.92
B. Full Name, Mailing Address and ZIP Code Ameritech P.O. Box 84000 Columbus, OH 43284-0001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Refund	Date (month, day, year) 12/23/98	Amount of Each Receipt This Period 18.12
	Occupation		
	Aggregate Year-to-Date		18.12
C. Full Name, Mailing Address and ZIP Code The Ohio Bureau of Workers' Compensation 30 West Spring Street Columbus, OH 43216 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Refund	Date (month, day, year) 12/24/98	Amount of Each Receipt This Period 58.45
	Occupation		
	Aggregate Year-to-Date		58.45
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 Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	132.50

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Hollister for Congress Committee C00328492

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bank One 29656 Detroit Road Westlake, OH 44145	Interest	11/30/98	34.79
	Occupation	12/31/98	5.21
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
	Aggregate Year-to-Date		
Receipt 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)	40.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full) Hollister For Congress C00328492

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Telephone	Date (month, day, year)	Amount of Each Disbursement This Period
Ameritech P.O. Box 9001008 Louisville, KY 40290-1008	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/29/98	223.65
Full Name, Mailing Address and ZIP Code Bank One 125 Putnam Street Marietta, OH 45750	Purpose of Disbursement Check Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 11/30/98	Amount of Each Disbursement This Period 30.49
Full Name, Mailing Address and ZIP Code Campaign Connection, Inc. 32535 Eagle Creek Drive P. O. Box 419 Avon, OH 44011	Purpose of Disbursement Flash Faxing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Date (month, day, year) 12/29/98	Amount of Each Disbursement This Period 2,752.71
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
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
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
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
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
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 Disbursements This Page (optional).....	3,006.85
TOTAL This Period (last page this line number only).....	3,006.85

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-30-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Set</i> PREPARER	2-3-99 DATE PREPARED