

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

JUL 15 11 25 AM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
*Council of New Jersey Child Producers*

ADDRESS (number and street)  Check if different than previously reported  
*1166 MAGNOLIA AVE*

CITY, STATE and ZIP CODE  
*HILLSIDE, NJ 07642*

2. FEC IDENTIFICATION NUMBER  
*C 0026 2303*

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

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	COLUMN B
5. Covering Period <u>4/1/97</u> through <u>6/30/97</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>97</u>		\$ <u>164.03</u>
(b)	Cash on Hand at Beginning of Reporting Period	\$ <u>5630.01</u>	
(c)	Total Receipts (from Line 19)	\$ <u>7925.00</u>	\$ <u>19,844.00</u>
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>13,555.01</u>	\$ <u>20,028.03</u>
7.	Total Disbursements (from Line 30)	\$ <u>8,861.34</u>	\$ <u>15,334.36</u>
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>4,693.67</u>	\$ <u>4,693.67</u>
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Tel: Fax 800-424-9530 Local 202-218-3120
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0</u>	

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  
*Marie R. Santo*

Signature of Treasurer *[Signature]* Date *7/14/97*

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

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FEC FORM 3X

(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <i>Council of New Jersey Charities</i>	REPORT COVERING PERIOD		
	FROM	TO	
	<i>4/1/97</i>	<i>6/30/97</i>	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	<i>6250.00</i>	<i>8154.00</i>	11(a)(i)
ii. Unitemized	<i>1675.00</i>	<i>11,710.00</i>	11(a)(ii)
iii. Total (add i and ii) >	<i>7925.00</i>	<i>19,864.00</i>	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, h and c) >	<i>7925.00</i>	<i>19,864.00</i>	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>7925.00</i>	<i>19,864.00</i>	19
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>7925.00</i>	<i>19,864.00</i>	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	<i>7711.34</i>	<i>14,184.36</i>	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	<i>7711.34</i>	<i>14,184.36</i>	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	<i>1150.00</i>	<i>1150.00</i>	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>8861.34</i>	<i>15,334.36</i>	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>8861.34</i>	<i>15,334.36</i>	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	<i>7925.00</i>	<i>19,864.00</i>	32
33. Total Contribution Refunds (from line 28d)	<i>0</i>	<i>0</i>	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	<i>7925.00</i>	<i>19,864.00</i>	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	<i>7711.34</i>	<i>14,184.36</i>	35
36. Offsets to Operating Expenditures (from line 15)	<i>0</i>	<i>0</i>	36
37. Net Operating Expenditures (subtract line 36 from 35) >	<i>7711.34</i>	<i>14,184.36</i>	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3  
FOR LINE NUMBER 11A

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

COUNCIL OF NEW JERSEY CHIROPODISTS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR MICHAEL COTTON 12-04 STONE RIVER RD FAIRHAVEN, NJ 07410	SELF	5/20/97 6/6/97	<del>200</del> 200 <del>100</del> 100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHIROPODIST	Aggregate Year-to-Date > \$ 597	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN ENDS 26 COURT ST SUITE 1905 BROOKLYN, NJ 11242	SELF	5/20/97 6/4/97	<del>300</del> 300 <del>100</del> 100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHIROPODIST	Aggregate Year-to-Date > \$ 600	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALDOTT FOSTER 186 PATTERSON AVE EAST RUTHERFORD, NJ 07073	SELF	5/20/97	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHIROPODIST	Aggregate Year-to-Date > \$ 327	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MORYL FOSTER 186 PATTERSON AVE EAST RUTHERFORD, NJ 07073	SELF	5/20/97	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHIROPODIST	Aggregate Year-to-Date > \$ 300	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER ROANT 714 BROADWAY PATTERSON, NJ 07514	SELF	5/20/97	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHIROPODIST	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE RUBONTAZZO 89 MONTANA RD RUTHERFORD, NJ 07070	SELF	5/20/97 6/6/97 6/6/97	200 50 100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHIROPODIST	Aggregate Year-to-Date > \$ 847	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY MANZICA 11 SOUTH PARKVIEW AVE PARAMUS, NJ 07652	SELF	6/6/97	50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHIROPODIST	Aggregate Year-to-Date > \$ 449	

SUBTOTAL of Receipts This Page (optional)

1800

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)

COUNCIL OF NEW JERSEY CHIROPRACTORS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
THOMAS SIADOTI 180 REXINGTON AVE BRISBANE, NJ 07005	SELF	5/20/97 6/6/97	<del>100</del> 50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 349		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ANTHONY SOLIERO 4100 NOTTINGHAM WAY HAMILTON SQ, NJ 08690	SELF	5/20/97 6/6/97	200 100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 599		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROBERT BARNES 1224 CLINTON AVE SPRINGTOWN, NJ 07111	SELF	5/20/97	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 300		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PATRICK COSTANTINO 714 BROADWAY ROSELAND, NJ 07068	SELF	5/20/97 6/6/97	200 100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 400		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SUSAN GLARINO 858 JORALEMON ST BELLEVILLE, NJ 07109	SELF	5/20/97 6/4/97 6/6/97	200 50 100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 549		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GARY STEWART 43 ROYAL-PERDUE TRK LIVERMORE, NJ 07457	SELF	5/20/97	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 699		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ARNOB TAIB 265 FRANKLIN AVE NORTHY, NJ 07110	SELF	6/6/97	50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 249		

SUBTOTAL of Receipts This Page (optional)

1650

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3  
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

COUNCIL OF NEW JERSEY CHIROPRACTORS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM WINTERS 629 WYCKOFF AVE WYCKOFF, NJ 07481	SELF	6/6/97	50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 259		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOMMY KATZ 2698 ROUTE 516, SUITE C OLD BRIDGE, NJ 08857	SELF	5/20/97	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 1099		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL ROSES 901 AVENUE C BAYONNE, NJ 07002	SELF	6/4/97	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 1099		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STUART WARREN 3201 BRIDGE AVE POINT PLEASANT, NJ 08742	SELF	5/20/97 6/4/97	200 50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 349		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAY VAN SUTTERS 453 NEWARK POMPTON PK WAYNE, NJ 07470	SELF	5/20/97	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 200		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOUIS DEMOULIN P.O. BOX 7023 MARMORA, NJ 08223	SELF	6/6/97	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	2800
TOTAL This Period (last page this line number only)	6250.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21 B

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)

**COUNCIL OF NEW JERSEY CHIROPRACTORS**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Village National Bank 325 Passaic Ave Passaic, NJ 07603	Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/97	4.71
B. Full Name, Mailing Address and ZIP Code Bartlett Associates 11 Spruce Walk Warren, NJ 07059	Purpose of Disbursement LOBBYIST Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/97 5/19/97 6/11/97	Amount of Each Disbursement This Period 1000.00 2000.00 4,296.00
C. Full Name, Mailing Address and ZIP Code DAVID CZERMINSKI 865 LINCOLN AVE Glen Rock, NJ 07452	Purpose of Disbursement POSTAGE FOR MAILINGS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/7/97	Amount of Each Disbursement This Period 188.48
D. Full Name, Mailing Address and ZIP Code SYLVA CZERMINSKI 865 LINCOLN AVE Glen Rock, NJ 07452	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	Amount of Each Disbursement This Period 222.15
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 Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

7711.34

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)			
<p>Committee of New Jersey Republicans</p>			
<p>A. Full Name, Mailing Address and ZIP Code                      NEW JERSEY REP                      NJ REPUBLICANS                      c/o DR MIKE FOX                      250 MILLBURN AVE, MILLBURN NJ 07041</p>	<p>Purpose of Disbursement                      CONTRIBUTION</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)                      5/2/97</p>	<p>Amount of Each Disbursement This Period                      \$50.00</p>
<p>B. Full Name, Mailing Address and ZIP Code                      FRIENDS OF JIM MCGOVERNEY                      c/o MIKE FOX                      250 MILLBURN AVE                      MILLBURN NJ 07041</p>	<p>Purpose of Disbursement                      CONTRIBUTION</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)                      6/2/97</p>	<p>Amount of Each Disbursement This Period                      \$50.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>H. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

1/50

**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 7/15/97
<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
E.S.	7/15/97
PREPARER	DATE PREPARED