

Susan J. Kyte, Esq.

57 East Gay Street, 3rd Floor, Columbus, Ohio 43215 * (614) 228-0766(tel) * (614) 228-7744(fax)

U.S. FEDERAL ELECTIONS
COMMISSION MAIL ROOM

July 30, 1999

Federal Elections Commission
999 E Street NW
Washington, DC 20463

Re: Watts For US
C00345272

Dear Sir:

Enclosed please find the original and one copy of the mid year report for the above referenced candidate. Please return the additional copy with an appropriate file stamp in the enclosed self-addressed, stamped envelope.

Thank you for your courtesy and cooperation.

Sincerely,



Susan J. Kyte, Treas.
Watts For US

encl.

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Watts For US		RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM FEB 25 PM '99
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 352 Monterey Drive		
CITY, STATE and ZIP CODE Dublin, Ohio 43017	STATE/DISTRICT OH/12	
2. FEC IDENTIFICATION NUMBER C00345272		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

- | | |
|--|--|
| <input type="checkbox"/> April 15 Quarterly Report | <input type="checkbox"/> 12-Day Pre-Election Report for the _____ (Type of Election) |
| <input type="checkbox"/> July 15 Quarterly Report | election on _____ in the State of _____ |
| <input type="checkbox"/> October 15 Quarterly Report | <input type="checkbox"/> 30-Day Post-Election Report following the General Election |
| <input type="checkbox"/> January 31 Year End Report | on _____ in the State of _____ |
| <input checked="" type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report |

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>5/10/99</u> through <u>6/30/99</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	54,369.00	54,369.00
(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))	54,369.00	54,369.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	300.00	300.00
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	300.00	300.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	54,069.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
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	

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 J. Kyte	
Signature of Treasurer 	Date 7/30/99

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:	
Watts For U.S.	From: 5/10/99	To: 6/30/99
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) -----	52,500.00	
(ii) Unitemized -----	869.00	
(iii) Total of contributions from individuals -----	53,369.00	53,369.00
(b) Political Party Committees -----	0.00	0.00
(c) Other Political Committees (such as PACs) -----	0.00	0.00
(d) The Candidate -----	1,000.00	1,000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	54,369.00	54,369.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----		
(b) All Other Loans -----	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	54,369.00	54,369.00
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	300.00	300.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	0.00	0.00
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----		
(b) Political Party Committees -----		
(c) Other Political Committees (such as PACs) -----	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----		
21. OTHER DISBURSEMENTS -----	0.00	0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	300.00	300.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$	0		0.00	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$	54,369.00			
25. SUBTOTAL (add Line 23 and Line 24) -----	\$	54,369.00			
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$	300.00			
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$	54,069.00			

SCHEDULE A

ITEMIZED RECEIPTS

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

Individual Contributions

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)

Watts For US

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joyce E. Farmer 8525 Fox Club Lane Cincinnati, Ohio 45243	Summer Hill Farm	5/12/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation owner Aggregate Year-to-Date > \$1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John H. McConell 1205 Dearborn Drive Columbus, Ohio 43085	Worthington Indust.	5/10/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO Aggregate Year-to-Date > \$1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harley Rouda, Sr. 5737 Barry Trace Dublin, Ohio 43017	HER Realtors	5/19/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Realtor Aggregate Year-to-Date > \$1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John W. Berry, Jr. 598 David Parkway Dayton, Ohio 45429	Berry Investments	5/18/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation owner/executive Aggregate Year-to-Date > \$1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rodney Wasserstrom 2655 Sherwood Road Columbus, Ohio 43209	Wasserstrom Co.	5/18/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President Aggregate Year-to-Date > \$1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert H. Jeffrey 296 Ashbourne Place Columbus, Ohio 43209	The Jeffrey Co.	5/20/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman Aggregate Year-to-Date > \$1,000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Mallory 720 E. Broad St. Columbus, Ohio 43215	Jt. Implant Surgeons	5/19/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation surgeon Aggregate Year-to-Date > \$1,000		

SUBTOTAL of Receipts This Page (optional)

7,000

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 10
FOR LINE NUMBER 11a

Individual Contributions

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NAME OF COMMITTEE (In Full)

Watts For US

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don M. Casto, III 209 E. State St. Columbus, Ohio 43215	Don Casto Organiz.	5/19/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO/Developer	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard T. Farmer PO Box 625737 Cincinnati, Ohio 45262	Cintas Corp.	5/12/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marianne McCarty 4360 Shire Cove Rd. Hilliard, Ohio 43026	Republic Bank	5/18/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jameson Crane, Jr. 2299 Commonwealth Park S. Columbus, Ohio 43209	Crane Plastics	5/19/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CFO	Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John G. McCoy 8 Edge of Woods New Albany, Ohio 43054	Bank One	5/19/99	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thekia Shackelford 6020 Havens Road Gahanna, Ohio 43230	School Selection Consulting	5/27/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James B. Bachmann 7559 Ehret Round New Albany, Ohio 43054	Ernst & Young	6/1/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CPA	Aggregate Year-to-Date > \$ 1,000	

SUBTOTAL of Receipts This Page (optional)

7,000

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Individual Contributions

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

PAGE 3 OF 10
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Watts For US'

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John B. Patton 1533 Lake Shore Dr. Columbus, Ohio 43204	Davon, Inc.	5/24/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jodi L. Patton 1533 Lake Shore Dr. Columbus, Ohio 43204		5/26/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation housewife	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Marotta 2294 Club Road Columbus, Ohio 43221	Marck-Medco Managed Care, LLC	5/20/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. VP	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret Marotta 2294 Club Road Columbus, Ohio 43221		5/22/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation housewife	Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Corbin 5160 Haughn Road Grove City, Ohio 43123	Bob Evans Farms, Inc	6/2/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. VP	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond E. Mason, III PO Box 83250 Columbus, Ohio 43203	Columbus Truck Signs	6/3/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive/owner	Aggregate Year-to-Date > \$ 1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert S. Hoppe 5265 Muirfield Place Dublin, Ohio 43017	BOA Insurance	6/9/99	250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance sales	Aggregate Year-to-Date > \$ 1,250	

6,250

SUBTOTAL of Receipts This Page (optional)

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 4 OF 10
FOR LINE NUMBER 11a

Individual Contributions

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NAME OF COMMITTEE (in Full)

Watts For US

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Hill, Jr. 800 Allengate Dr. Galloway, Ohio 43119	Hill Dist. Co.	6/7/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Beer Wholesaler	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Lozick 358 Bishop Road Highland Heights, Ohio 44131	Stern, Inc.	6/10/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Talbott 4236 Shire Cove Hilliard, Ohio 43026	Best Efforts	6/19/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Robert Talbott 4252 Shire Cove Road Hilliard, Ohio 43026	Best Efforts	6/19/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Abbott 4966 Riverside Dr, Columbus, Ohio 43220	Abbott Food Co.	6/10/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Food Wholesaler	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Weiler 41 S. High St. Columbus, Ohio 43215	Bob Weiler	6/18/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation real estate develop.	Aggregate Year-to-Date > \$ 1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack B. Hanna PO Box 1050 Delaware, Ohio 43015	Columbus Zoo	6/9/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Zoo Director Emer.	Aggregate Year-to-Date > \$ 1,000	

SUBTOTAL of Receipts This Page (optional)

7,000

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 5 OF 10

FOR LINE NUMBER 11a

Individual Contributions

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NAME OF COMMITTEE (In Full)

Watts For US

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Shackelford 21 East State St. Columbus, Ohio 43215	5/3 Bank	6/16/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Banker Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katherine LeVeque 50 West Broad St. Columbus, Ohio 43215	LeVeque Enterprises	5/21/99	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO Aggregate Year-to-Date > \$ 250		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank S. Benson, III 209 E. State St. Columbus, Ohio 43215	Don M. Casto Org.	6/23/99	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real estate dev. Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann H. Casto 209 E. State St. Columbus, Ohio 43215	Don M. Casto Org.	6/29/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation real estate dev. Aggregate Year-to-Date > \$ 1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Wilkins 2481 Stonhaven Place Columbus, Ohio 43220	Metatec Int'l.	6/29/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Aggregate Year-to-Date > \$ 1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Royer 145 North High St. Columbus, Ohio 43215	Richard Royer	6/25/99	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation real estate Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann Amer Brennan 1200 Sunset View Dr. Akron, Ohio 44313	retired	6/28/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 1,000		

SUBTOTAL of Receipts This Page (optional)

4750

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 **6** OF **10**
FOR LINE NUMBER **11a**

Individual Contributions

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NAME OF COMMITTEE (In Full)

Watts For US

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David L. Brennan Key Building, 6th Floor Akron, Ohio 44308	Brennan Industrial Group	6/25/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Aggregate Year-to-Date > \$1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W.E. Blaine, Jr. 9 East Long St. Columbus, Ohio 43215	Best Efforts	6/23/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William E. Arthur 41 S. High St. Columbus, Ohio 43215	Porter, Wright, Morris & Arthur	6/23/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chester, Willcox & Saxbe, LLP 17 S. High St. Columbus, Ohio 43215		6/29/99	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: law partnership Aggregate Year-to-Date > \$250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edwin Overmyer 2480 Stonehaven Place Columbus, Ohio 43220	Berwanger Overmyer Associates	6/23/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance sales Aggregate Year-to-Date > \$1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charlotte Imhke 5500 Villas Dr. Dublin, Ohio 43017	retired	6/30/99	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ralph Setterlin, Jr. 2650 McCoy Road Columbus, Ohio 43220	Best Efforts	6/23/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$1,000		

SUBTOTAL of Receipts This Page (optional)

5750

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 7 OF 10
FOR LINE NUMBER 11a

Individual Contributions

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NAME OF COMMITTEE (in Full)

Watts For US

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Winzeler 401 Snyder Ave. Montpelier, Ohio 43543	Winzeler Stamping Co	6/21/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman/owner Aggregate Year-to-Date > \$1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Berror 2100 Sheringham Rd. Columbus, Ohio 43220	Dominion Homes	6/29/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real estate dev. Aggregate Year-to-Date > \$1,000		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JoAnne Berror 2100 Sheringham Rd. Columbus, Ohio 43220		6/29/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation housewife Aggregate Year-to-Date > \$1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Douglas Berror 5500 Dublin Road Dublin, Ohio 43017	Dominion Homes	6/29/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real estate dev. Aggregate Year-to-Date > \$1,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Olga Berror 5500 Dublin Road Dublin, Ohio 43017		6/29/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation housewife Aggregate Year-to-Date > \$1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Johna Fredy Brothers 2419 Onandaga Dr. Columbus, Ohio 43221	Best Efforts	6/29/99	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Blackwell 1738 Fishinger Rd. Columbus, Ohio 43221	The Ohio State Univ.	6/22/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Professor Aggregate Year-to-Date > \$1,000		

SUBTOTAL of Receipts This Page (optional)

6500

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 8 OF 10
FOR LINE NUMBER 11a

Individual Contributions

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NAME OF COMMITTEE (In Full)

Watts For US

<p>A. Full Name, Mailing Address and ZIP Code Fred Pfening, Jr. 1075 W. Fifth Ave. Columbus, Ohio 43212</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Fred Pfening Co.</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 6/29/99</p>	<p>Amount of Each Receipt this Period 500</p>
<p>B. Full Name, Mailing Address and ZIP Code John Davis 4957 Donegal Cliffs Dublin, Ohio 43017</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Price Waterhouse Coopers</p> <p>Occupation CPA</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 6/29/99</p>	<p>Amount of Each Receipt this Period 500</p>
<p>C. Full Name, Mailing Address and ZIP Code Charles R. Webb 211 Bradenton Ave. Dublin, Ohio 43017</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Charles Webb & Co.</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$1000</p>	<p>Date (month, day, year) 6/30/99</p>	<p>Amount of Each Receipt this Period 1,000</p>
<p>D. Full Name, Mailing Address and ZIP Code Christopher Kaeding 1808 Roundwyck Lane Powell, Ohio 43065</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Christopher Kaeding</p> <p>Occupation physician</p> <p>Aggregate Year-to-Date > \$500</p>	<p>Date (month, day, year) 6/29/99</p>	<p>Amount of Each Receipt this Period 500</p>
<p>E. Full Name, Mailing Address and ZIP Code Ray Wasielewski 514 Eagleview Ct. Powell, Ohio 43065</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Best Efforts</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$500</p>	<p>Date (month, day, year) 6/29/99</p>	<p>Amount of Each Receipt this Period 500</p>
<p>F. Full Name, Mailing Address and ZIP Code William Wilkins 3555 Olentangy Columbus, Ohio 43214</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Ohio Health</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date > \$1,000</p>	<p>Date (month, day, year) 6/30/99</p>	<p>Amount of Each Receipt this Period 1,000</p>
<p>G. Full Name, Mailing Address and ZIP Code Richard Foster 1821 Roxbury Rd. Columbus, Ohio 43212</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Management Group, Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year) 6/23/99</p>	<p>Amount of Each Receipt this Period 250</p>

SUBTOTAL of Receipts This Page (optional)

4250

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Individual Contributions

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

PAGE 9 OF 10
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

Watts For US

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Lauer 5386 Dunniker Park Dr. Dublin, Ohio 43017	Bank One Occupation: Banker	6/17/99	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Lukeman 5336 Dublin Road Dublin, Ohio 43017	Don M Casto Org. Occupation: Real estate dev.	6/24/99	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harley E. Rouda, Jr. 2114 Yorkshire Rd. Columbus, Ohio 43221	HER Realtors Occupation: real estate	6/22/99	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David F. Williams 3750 Hillview Dr. Columbus, Ohio 43220	W W Williams Co. Occupation: Executive	6/25/99	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James L. Moses 144 Columbus, St. Canal Winchester, Ohio 43110	Moses & Hickey Occupation: ophthalmologist	6/22/99	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. Jeffrey Mahan PO Box 57 Grove City, Ohio 43123	CJ Mahan Const. Co. Occupation: President	6/30/99	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Casto 6416 Wentworth Crossing University Park, OH 43201	Deborah Casto Occupation: real estate	6/21/99	500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)

3750

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 10 OF 10
FOR LINE NUMBER 11a

Individual Contributions

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NAME OF COMMITTEE (In Full)

Watts For US

A. Full Name, Mailing Address and ZIP Code Douglas Cheesman 580 N. 4th St. Columbus, Ohio 43215 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retail Planning Ass. Occupation CEO/owner Aggregate Year-to-Date > \$250	Date (month, day, year) 6/30/99	Amount of Each Receipt this Period 250
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 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

SUBTOTAL of Receipts This Page (optional)	250
TOTAL This Period (last page this line number only)	52,500

SCHEDULE A

ITEMIZED RECEIPTS

Candidate Contributions

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

PAGE 1 OF 1
FOR LINE NUMBER 11d

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NAME OF COMMITTEE (in Full)
Watts For US

A. Full Name, Mailing Address and ZIP Code Eugene L. Watts 352 Monterey Dr. Dublin, Ohio 43017 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ohio State Occupation State Sen./Prof. Aggregate Year-to-Date > \$1,000	Date (month, day, year) 5/20/99	Amount of Each Receipt this Period 1,000
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 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

SUBTOTAL of Receipts This Page (optional)

1,000

TOTAL This Period (last page this line number only)

1,000

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

Operating Expenditures

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)
Watts For US

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Susan J. Kyte 57 East Gay St. Columbus, Ohio 43215	salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/99	250.00
B. 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
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 Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

250.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-31-99
<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>MS</i> PREPARER	8-2-99 DATE PREPARED