

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

REPORT
FEDERAL ELECTION
COMMISSION

1. NAME OF COMMITTEE (In full)
MINNESOTA CITIZENS CONCERNED FOR LIFE, INC
COMMITTEE FOR A PRO-LIFE CONGRESS

ADDRESS (number and street) Check if different than previously reported
4249 NICOLLET AVE So

CITY, STATE and ZIP CODE
MINNEAPOLIS, MN 55409

2. FEC IDENTIFICATION NUMBER 31118 50
C00129171

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M) 11-28-80

4. TYPE OF REPORT AKA: MATCH COMMITTEE FOR A PRO-LIFE CONGRESS

- (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 General (Type of Election)
election on 11/3/98 in the State of MN
- 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>10-1-98</u> through <u>10-14-98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>			\$ <u>1,488.79</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>124,612.21</u>	
(c) Total Receipts (from Line 18)		\$ <u>2,075.00</u>	\$ <u>125,692.50</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>126,687.21</u>	\$ <u>127,181.29</u>
7. Total Disbursements (from Line 30)		\$ <u>100,054.24</u>	\$ <u>100,548.32</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>26,632.97</u>	\$ <u>26,632.97</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>NONE</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-8420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ <u>NONE</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
JACQUELINE A. SCHWITZ

Signature of Treasurer
Jacqueline A. Schwitz

Date
10/19/98

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/01)

NAME OF COMMITTEE MCCL COMMITTEE FOR A PRO-LIFE CONGRESS		REPORT COVERING PERIOD FROM 10-1-98 TO 10-14-98	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
G00179171			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		-	2,600.00
ii. Unitemized		2,075.00	123,092.50
iii. Total (add i and ii) >		2,075.00	125,692.50
b. Political Party Committees		-	-
c. Other Political Committees (such as PACs)		-	-
d. Total Contributions (add a ii, b and c) >		2,075.00	125,692.50
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 (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		2,075.00	125,692.50
20. Total Federal Receipts (subtract line 18 from line 19) >		2,075.00	125,692.50
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		54.24	548.32
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		5,000.00	5,000.00
24. Independent Expenditures (use Schedule E)		95,000.00	95,000.00
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. Individual/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 (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		100,054.24	100,548.32
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		100,054.24	100,548.32
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		2,075.00	125,692.50
33. Total Contribution Refunds (from line 28d)		-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)		2,075.00	125,692.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		54.24	548.32
36. Offsets to Operating Expenditures (from line 15)		-	-
37. Net Operating Expenditures (subtract line 36 from 35) >		54.24	548.32

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 216

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)

YMCC COMMITTEE FOR A PRO-LIFE CONGRESS C00129171

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.S. West Mpls, MN 55402	PHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) PHONE	10-5-98 (176 \$545 ⁰⁰)	54.24
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)	54.24
TOTAL This Period (last page the line number only)	54.24

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

NACLC COMMITTEE FOR A PRO-LIFE CONGRESS C00129171

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Right to Life - PAC 419 7E S NW - Suite 500 Washington, D.C. 20004	DONATION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-9-98	\$,000.00
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)

\$,000.00

TOTAL This Period (last page this line number only)

\$,000.00

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)				
MCCL COMMITTEE FOR A PRO-LIFE CONGRESS		C00129171		
Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
SU Services 649 N Hanners Ln Rockville, MD 20850	MAILINGS	10-9-98	2,973.26	Ricki Shelby US SEN-AL <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Same	Same	10-9-98	9,830.82	Paul Coverdale US SEN-GA <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Same	Same	10-9-98	19,386.58	Peter Fitzgerald US SEN-IL <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Same	Same	10-9-98	2,032.48	Ann Northrup CD-3-KY <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Same	Same	10-9-98	2,032.48	Jim Bunning US SEN-KY <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Same	Same	10-9-98	41,230.21	Al D'Amato US SEN-NY <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	page 1 of 2 = 72,985.83
(b) SUBTOTAL of Unitemized Independent Expenditures	—
(c) TOTAL Independent Expenditures	— See page 2 —

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or reproduction in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this 19th day of October, 1998

My Commission expires: 1-31-2000 — See 2 of 2 —

— See 2 of 2 —
 Signature _____ Date _____

NOTARY PUBLIC

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)					
MACCL COMMITTEE FOR A PRO-LIFE CONGRESS					C00129171
Full Name, Mailing Address & ZIP Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought	
GA Services 649 N Hornum Ln Rockville, MD 20850	MAILINGS	10-9-98	621.68	Ted Tyler CD-1-NC	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Same	Same	10-9-98	621.68	Lauch Faircloth US SEN-NC	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Same	Same	10-9-98	5,377.87	Bob Inglis US SEN-SC	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Same	Same	10-9-98	6,278.97	Bin Schmidt US SEN-SD	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Same	Same	10-9-98	1,723.82	John Sanchez CD-25-TX	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Same	Same	10-9-98	2,890.15	Mark Neumann US SEN-WI	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			page 2 of 2 = 12,514.17		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures				\$ 95,000.00	

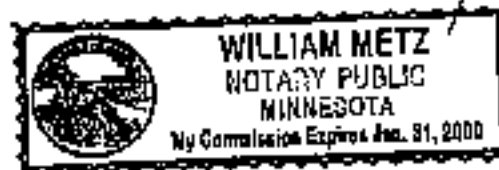
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this 19th day of October, 1998

My Commission expires: 1-31-2000

[Signature]
NOTARY PUBLIC

[Signature] 10/19/98
Date



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 10-19-98
<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	
 KCT PREPARER	 10-23-98 DATE PREPARED