

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

FED. ELECTION COMMISSION

U.S. GOVERNMENT PRINTING OFFICE

USE FEC MAILING LABEL OR TYPE OR PRINT

C00326629 030498
 SUSAN DELEO
 KLIME FOR CONGRESS COMMITTEE
 PO BOX 21632
 EAGAN MN 55121

APR 17 11 30 AM '98

2. FEC IDENTIFICATION NUMBER
C00326629
 3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
 July 15 Quarterly Report 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
 October 15 Quarterly Report Termination Report
 January 31 Year End Report
 July 31 Mid-Year Report (Non-election Year Only)

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>1/1/98</u> through <u>3/31/98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	25,589.69	25,589.69
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	25,589.69	25,589.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8640.42	8640.42
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	8640.42	8640.42
8. Cash on Hand at Close of Reporting Period (from Line 27)	19,214.73	For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20463 Toll Free 800-424-9590 Local 202-219-3420
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)	5,000.00	

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 DELEO
 Signature of Treasurer [Signature] Date 4/10/98

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

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DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) KLINE FOR CONGRESS COMMITTEE Report Covering the Period: From 11/1/98 To 3/31/98

	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
I. RECEIPTS		
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	20,375.67	
(ii) Unitemized -----	3,214.00	
(iii) Total of contributions from individuals -----	23,589.69	23,589.69
(b) Political Party Committees -----	0	0
(c) Other Political Committees (such as PACs) -----	2,000.00	2,000.00
(d) The Candidate -----	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i), (b), (c) and (d)) -----	25,589.69	25,589.69
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	0	0
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	0	0
(b) All Other Loans -----	0	0
(c) TOTAL LOANS (add 13(a) and (b)) -----	0	0
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	0	0
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	0	0
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	25,589.69	25,589.69
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	8640.42	8640.42
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	0	0
(b) Of All Other Loans -----	0	0
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	0	0
(b) Political Party Committees -----	0	0
(c) Other Political Committees (such as PACs) -----	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	0	0
21. OTHER DISBURSEMENTS -----	0	0
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	8640.42	8640.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 2,265.46	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 25,589.69	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 27,855.15	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 8,640.42	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 19,214.73	

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NAME OF COMMITTEE (in Full)

KLINE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD J. BLANCHFIELD 15998 COVE LANE DUMFRIES VA 22026	SIAC	1/7/98	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date: \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUMNER SHELDON ROUTE 2 BOX 205 HOUSTON MN 55943	RETIRED	1/12/98	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: FARMER	Aggregate Year-to-Date: \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GREGG SJQUIST 5129 WOODDALE GLEN EDINA MN 55404	WASIE FOUNDATION	1/22/98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date: \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES A. BAKER III ONE SHELL PLAZA HOUSTON TX 77002	BAKER & BOTTS	2/23/98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date: \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPHINE AMBERCROMBIE 4058 VERSAILLES ROAD LEXINGTON KY 40510	PIN OAK STUB FARM	2/24/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER/HORSE BREEDER	Aggregate Year-to-Date: \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS BARROW 911 BRIAR RIDGE DRIVE HOUSTON TX 77057	SELF	2/24/98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHYSICIAN	Aggregate Year-to-Date: \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. B. CARTER, JR 5757 MEMORIAL DRIVE HOUSTON TX 77007	SELF	2/24/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INVESTMENTS	Aggregate Year-to-Date: \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

4350.00

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 5
FOR LINE NUMBER 11(C)(1)

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NAME OF COMMITTEE (In Full)

KLINE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAX M. FISHER FISHER BUILDING 27MFL. DETROIT MI 48202	SELF	2/24/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INVESTOR	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD B. CHENEY 500 No. AKANA ST. #3600 DALLAS TX 75202	HALLIBURTON COMPANY	2/24/98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHAIR/CEO	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROY M. HUFFINGTON 307 SHADYWOOD ROAD HOUSTON TX 77057	HUFFINGTON INC	2/24/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: GEOLOGIST	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT MOSBACHER 712 MAIN ST #2200 HOUSTON TX 77002	MOSBACHER ENERGY	2/24/98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CHAIRMAN	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER O'DONNELL, JR. 100 CRESCENT CT #1690 DALLAS TX 75201	SELF	2/24/98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INVESTMENTS	Aggregate Year-to-Date > \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EARL P. BLAKE, JR. FIVE POST OAK PARK #1536 HOUSTON TX 77027	PECTEX OIL CO.	2/28/98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DEVELOPER	Aggregate Year-to-Date > \$ 1000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FREDERIC Q. HAMILTON 1560 BROADWAY #200 DENVER CO 80202	HAMILTON COS.	2/28/98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional) 6,000.00

TOTAL This Period (last page this line number only) 6,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5

FOR LINE NUMBER 11CA111

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NAME OF COMMITTEE (in full)

KLINE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WIM. RANDOLPH SMITH 58 EAST BROAD OAKS HOUSTON TX 77056	RETIRED	2/28/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LAWYER	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID M. UNDERWOOD 909 FANNIN #850 HOUSTON TX 77010	EVEREN SECURITY	2/28/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: STOCK BROKER	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK T. TROTTER 1000 LOUISIANA #3600 HOUSTON TX 77002	SELF	3/3/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRIVATE INVESTOR	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN A. MORAN 125 WORTH AVE #202 PALM BEACH FL 33480	SELF	3/3/98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ENTREPRENEUR	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOUISE PROFFETT 5145 CHARLES AVE NEW ORLEANS LA 70118	—	3/6/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOUSEWIFE	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONALD M. KENDALL 700 ANDERSON HILL RD PURCHASE NY 10577	PEPSI CO INC.	3/10/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT MCNAIR 1600 SMITH ST #4300 HOUSTON TX 77002	COGEN	3/11/98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)

4500.00

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 5
FOR LINE NUMBER 11(A)(1)

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NAME OF COMMITTEE (in Full)

KLINE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<u>BEN F. LOVE</u> <u>P.O. Box 2558</u> <u>HOUSTON TX 77252</u>	<u>RETIRED</u>	<u>3/12/98</u>	<u>1000⁰⁰</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>BANKER</u>	Aggregate Year-to-Date: <u>\$ 1000⁰⁰</u>	
<u>JEFF B. LOVE</u> <u>3744 INWOOD</u> <u>HOUSTON TX 77019</u>	<u>PUTNAM, LINDELL</u> <u>SIPPZIOUX LLP</u>	<u>3/12/98</u>	<u>1000⁰⁰</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>ATTORNEY</u>	Aggregate Year-to-Date: <u>\$ 1000⁰⁰</u>	
<u>R.W. MONCRIEF</u> <u>MONCRIEF BLDG.</u> <u>9TH & COMMERCE</u> <u>FORT WORTH TX 76102</u>	<u>MONCRIEF OIL</u>	<u>3/12/98</u>	<u>250⁰⁰</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>CEO</u>	Aggregate Year-to-Date: <u>\$ 250⁰⁰</u>	
<u>GORDON CAIN</u> <u>3711 SAN FELIPE</u> <u>HOUSTON TX 77027</u>	<u>SELF</u>	<u>3/16/98</u>	<u>1000⁰⁰</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>ENTREPRENEUR</u>	Aggregate Year-to-Date: <u>\$ 1000⁰⁰</u>	
<u>GERALD D. HINES</u> <u>2800 POST OAK RD</u> <u>HOUSTON TX 77056</u>	<u>HINES Co.</u>	<u>3/17/98</u>	<u>500⁰⁰</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>REAL ESTATE</u>	Aggregate Year-to-Date: <u>\$ 500⁰⁰</u>	
<u>RAYMOND PLANK</u> <u>21 APACHE RD</u> <u>CLEARMONT WY 82835</u>	<u>APACHE CORP</u>	<u>3/17/98</u>	<u>500⁰⁰</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>CEO</u>	Aggregate Year-to-Date: <u>\$ 500⁰⁰</u>	
<u>JOHN D. KLINE</u> <u>300 CANBIS AVE</u> <u>OAKLYN NJ 08107</u>	<u>CAPTAIN</u>	<u>3/9/98</u>	<u>100⁰⁰</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>US ARMY</u>	Aggregate Year-to-Date: <u>\$ 100⁰⁰</u>	

SUBTOTAL of Receipts This Page (optional)

4350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

IN KIND

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

PAGE 5 OF 5
FOR LINE NUMBER 11(A)(1)

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NAME OF COMMITTEE (in Full)

KLINE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code MICHAEL BRATLIE 16829 JACKPINEWAY LAKEVILLE MN 55044 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>NWA</i> Occupation <i>PILOT</i> Aggregate Year-to-Date > \$ <i>491.43</i>	Date (month, day, year) <i>1/20/98</i>	Amount of Each Receipt this Period <i>491.43</i> <i>IN KIND</i>
B. Full Name, Mailing Address and ZIP Code DIANA BRATLIE 16829 JACKPINEWAY LAKEVILLE MN 55044 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>NONE</i> Occupation <i>NURSE/HOUSEWIFE</i> Aggregate Year-to-Date > \$ <i>684.26</i>	Date (month, day, year) <i>SEE SCHEDULE B IN KIND 1998</i>	Amount of Each Receipt this Period <i>684.26</i> <i>IN KIND</i>
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) *1175.69*

TOTAL This Period (last page this line number only) *20,375.69*

SCHEDULE A

ITEMIZED RECEIPTS

PAC'S

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

PAGE 1 OF 1
FOR LINE NUMBER 11(e)

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NAME OF COMMITTEE (In Full)

KLINE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code <i>HOLLYWOOD MANINC PAC P.O. Box 1343 Houston TX 77251</i>	Name of Employer <i>PAC</i> Occupation Aggregate Year-to-Date $\$$ <i>1000⁰⁰</i>	Date (month, day, year) <i>2/24/98</i>	Amount of Each Receipt this Period <i>1000⁰⁰</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>PAC</i> Occupation Aggregate Year-to-Date $\$$ <i>1000⁰⁰</i>	Date (month, day, year) <i>3/9/98</i>	Amount of Each Receipt this Period <i>1000⁰⁰</i>
B. Full Name, Mailing Address and ZIP Code <i>ADM PAC P.O. Box 1470 Decatur IL 62525</i>	Name of Employer <i>PAC</i> Occupation Aggregate Year-to-Date $\$$	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):	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	Name of Employer Occupation Aggregate Year-to-Date $\$$	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):	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	Name of Employer Occupation Aggregate Year-to-Date $\$$	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):	Name of Employer Occupation Aggregate Year-to-Date $\$$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) *2,000⁰⁰*

TOTAL This Period (last page this line number only) *2,000⁰⁰*

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

KLINE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>BVD ADORABLES 1712 MARSHALL ST NE MINNEAPOLIS MN 55413</i>	<i>LAPPEL STICKERS</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/23/98</i>	<i>162.00</i>
<i>SUSAN DELEO 1891 E. ORANGE AVE ST. PAUL MN 55119</i>	<i>OFFICE SUPPLIES</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/8/98</i>	<i>229.88</i>
<i>CITY OF APPLE VALLEY 14200 CEDAR AVE APPLE VALLEY MN 55121</i>	<i>ROOM RENTAL</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3/16/98</i>	<i>50.00</i>
<i>RAMADA INN 1870 OLD HUDSON ROAD ST. PAUL MN 55119</i>	<i>ROOM RENTAL</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3/5/98</i>	<i>302.71</i>
<i>OFFICE MAX P.O. BOX 8001 LAYTON, UT 84044</i>	<i>OFFICE SUPPLIES</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/6/98</i> <i>3/6/98</i>	<i>47.99</i> <i>21.57</i>
<i>INSTY PRINTS 1552 WHITE BEAR AVE MAPLEWOOD MN 55706</i>	<i>COPIES</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/17/98</i> <i>2/28/98</i> <i>2/28/98</i>	<i>31.45</i> <i>32.71</i> <i>39.11</i>
<i>TUCKER PRINTING P.O. BOX 6452 ST. PAUL MN 55706</i>	<i>PRINTED MATTER</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/7/98</i> <i>2/15/98</i>	<i>222.45</i> <i>442.13</i>
<i>TUCKER PRINTING SAME ADDRESS</i>	<i>PRINTED MATTER</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2/24/98</i> <i>3/6/98</i>	<i>1464.06</i> <i>945.45</i>
<i>TUCKER PRINTING SAME ADDRESS</i>	<i>PRINTED MATTER</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3/16/98</i> <i>3/20/98</i>	<i>873.30</i> <i>95.42</i>

SUBTOTAL of Disbursements This Page (optional)

4960.23

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 17

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)

KLINE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POSTMASTER 2970 LEXINGTON AVE EAGAN MN 55121	POSTAGE	1/26/98	117.55
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/3/98	128.00
POSTMASTER Same	POSTAGE	2/11/98	99.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/12/98	192.00
POSTMASTER Same	POSTAGE	2/24/98	96.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/21/98	133.95
POSTMASTER Same	POSTAGE	3/10/98	320.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/98	320.00
POSTMASTER Same	POSTAGE	3/18/98	15.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/98	640.00
MN COLLEGE REPUBLICANS 480 CEDAR STREET ST. PAUL MN 55101	PRE CONVENTION DINNER TICKETS	3/2/98	400.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
TWIN CITY FEDERAL 801 MARQUETTE AVE MINNEAPOLIS MN 55402	BANK CHARGES	3/16/98	4.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

2465.50

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

IN KIND

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

PAGE 3 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

KLINE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>MICHAEL BRATZIE 16829 JACKPINE WAY LAKEVILLE MN 55044</i>	<i>Computer HARDWARE</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/26/98</i>	<i>491.43 IN KIND</i>
<i>DIANA BRATZIE 16829 JACKPINE WAY LAKEVILLE MN 55044</i>	<i>MAAS</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>3/6/98</i>	<i>26.80 IN KIND</i>
<i>DIANA BRATZIE SAME ADDRESS</i>	<i>COPIES</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/10/98 1/19/98 3/5/98</i>	<i>81.27 IN KIND</i>
<i>DIANA BRATZIE SAME ADDRESS</i>	<i>OFFICE SUPPLIES</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1-9-98 3-8-98 3-14-98</i>	<i>345.07 IN KIND</i>
<i>DIANA BRATZIE SAME ADDRESS</i>	<i>POSTAGE</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>2-14-98 2-18-98</i>	<i>38.38 IN KIND</i>
<i>DIANA BRATZIE SAME ADDRESS</i>	<i>9 NEWSPAPER SUBSCRIPTIONS</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1-4-98 1-9-98 1-29-98</i>	<i>192.74 IN KIND</i>
<i>CLINTON MUKOPF</i>	<i>MAGAZINE SUBSCRIPTION</i> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>1/9/98</i>	<i>39.00 IN KIND</i>
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)

1214.69

TOTAL This Period (last page this line number only)

8640.42

LOANS

1997

Name of Committee (In Full)
KLINE FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code of Loan Source JOHN P. KLINE, JR. 10085 170TH STREET LAKEVILLE MN 55044	Original Amount of Loan 5,000	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period 5,000
--	---	--	---

Election: Primary General Other (specify):

Terms: Date Incurred 6/25/97 Date Due 12/21/98 Interest Rate 8 %(apr) Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code N/A	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code N/A	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code N/A	Name of Employer Occupation Amount Guaranteed Outstanding: \$	

B. Full Name, Mailing Address and ZIP Code of Loan Source N/A	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
---	-------------------------	----------------------------	---

Election: Primary General Other (specify):

Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code N/A	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code N/A	Name of Employer Occupation Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code N/A	Name of Employer Occupation Amount Guaranteed Outstanding: \$	

SUBTOTALS This Period This Page (optional)	5,000
TOTALS This Period (last page in this line only)	5,000

(1997)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) <i>KLINE FOR CONGRESS</i>		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) <i>N/A</i>		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?
 No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER		DATE
TYPED NAME	SIGNATURE	

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE		TITLE	DATE
TYPED NAME	SIGNATURE		

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

1997

Name of Committee (in Full) <i>KLINE FOR CONGRESS</i>	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 <i>NONE</i>				
Nature of Debt (Purpose):				
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)		0
2) TOTALS This Period (last page in this line only)		0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)		5,000
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1997	5,000.

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee				Report Covering Period:				
KLINE FOR CONGRESS				From: 1/1/98 To: 3/31/98				
				Committee Name(s)			(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Comtee.	(b) Line No. 11(b) Total Contributions From Political Party Committees
A								
B								
C								
D								
E								
F								
G								
H								
I	Column Total This Page							
J	Column Total Last Page Only							
(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
(n) Line No. 18 Total Transfers to Other Authorized Committees	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/ Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees	(u) Line No. 20(d) Total Contribution Refunds	
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								
(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debits & Oblig. Owed TO the Committee	(aa) Line No. 10 Debits & Oblig. Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures	
A								
B								
C								
D								
E								
F								
G								
H								
I								
J								

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 4/13/98
<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	

lps
PREPARER

4/17/98
DATE PREPARED