

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

Oct 15 2 20 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) ALBERT R. WYNN FOR CONGRESS		2. FEC IDENTIFICATION NUMBER C00253377
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. PO BOX 5323		
CITY, STATE and ZIP CODE CAPITOL HEIGHTS, MD 20791	STATE/DISTRICT MD?04	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) election on _____ in the State of _____
<input type="checkbox"/> July 15 Quarterly Report	<input type="checkbox"/> 30-Day Post-Election Report following the General Election on _____ in the State of _____
<input checked="" type="checkbox"/> October 15 Quarterly Report	<input type="checkbox"/> Termination Report
<input type="checkbox"/> January 31 Year End Report	
<input type="checkbox"/> 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
8-27-98 through 9-30-98		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	62717.09	286738.98
(b) Total Contribution Refunds (from Line 20(d))	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	62717.09	286738.98
7. Net Operating Expenditures	59543.89	210799.78
(a) Total Operating Expenditures (from Line 17)		
(b) Total Offsets to Operating Expenditures (from Line 14)	4203.45	6703.45
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	55340.44	204096.33
8. Cash on Hand at Close of Reporting Period (from Line 27)	273020.36	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-9420
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)	-0-	

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 Albert J. Lue AT	Date
Signature of Treasurer <i>Albert J. Lue</i>	10-14-98

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

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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:	
ALBERT R. WYNN FOR CONGRESS	From: 8-27-98	To: 9-30-98
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A) -----	26992.09	
(ii) Unitemized -----	2925.00	
(iii) Total of contributions from individuals -----	29917.09	111953.98
(b) Political Party Committees -----	5000.00	5000.00
(c) Other Political Committees (such as PACs) -----	27800.00	169785.00
(d) The Candidate -----	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	62717.09	286738.98
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.) -----	4203.45	6703.45
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	1245.42	5981.01
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	68165.96	299423.44
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	59543.89	210799.78
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	500.00
(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	500.00
21. OTHER DISBURSEMENTS -----	14000.00	37778.85
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	73543.89	249078.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 278398.29	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 68165.96	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 346564.25	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 73543.89	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 273020.36	27

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wm Meyers 6801 Kanilwath Ave Riverdale, MD 20737 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Meyers + Billingsley Law Firm Occupation: Attorney Aggregate Year-to-Date > \$500-	8-31-98	500-
Roy Winkowski 18757 N. Frederick Rd Gaithersburg, MD 20879 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Technical Mgmt Services, Inc Occupation: President Aggregate Year-to-Date > \$1,000-	9-1-98	1,000-
Ellen Boyle 1405 N. Wakefield St Arlington, VA 22202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self- Occupation: Businesswoman Aggregate Year-to-Date > \$500-	9-1-98	500.-
E.I. DiCiccione, Jr. 5807 Nicholson Lane #902 Rockville, MD 20852 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF-employed Occupation: REAL ESTATE Appraiser Aggregate Year-to-Date > \$	9-1-98	250-
VINOD Ghildiyani 13106 Collingwood Ter. Silver Spring, MD 20904 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF-employed Occupation: - Aggregate Year-to-Date > \$	9-1-98	500-
MARIO Loiderman 15200 Shady Grove Rd #202 Rockville, MD 20850 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Loiderman Associates, Inc Occupation: President Aggregate Year-to-Date > \$250-	9-1-98	250.-
SUSAN Turnbull 16 Royal Dominion Ct Bethesda, MD 20817 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	COMCAST Occupation: Reg. Director Aggregate Year-to-Date > \$250-	8-30-98	250-

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

INDIV

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ray Olson 89 Plantation Dr Hilton Head, SC 29928	Statistica, Inc President	9-30-98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 4,000 -		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Amit Kalotra 1449 Woodhurst Dr McLean, VA 22102	Int'l. Business & Tech. Consultants, Inc. Corp. Mgr.	9-30-98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Jay Kalotra 1449 Woodhurst Dr McLean, VA 22102	Int'l. Bus. & Tech. Consultants, Inc. President	9-30-98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" 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
Henry Wilman 14800 Rowfield Circle Silver Spring, MD 20906	HENRY'S INS President	9-30-98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1,500 -		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LEONARD Kennedy 9210 MIDWOOD RD Silver Spring, MD 20910	Dow, Lahnes, Albertson Attorney	9-30-98	500 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 500 -		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Herbert Wilkins, Sr 40037 Charo's Flight Way Ellicott City, MD 21042	SELF-employed BUSINESSMAN	9-30-98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
David Denson 13020 Cott Dr Clifton, VA 20124	AXYN Technologies Conf V-President	9-30-98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1,000 -		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

INDIV.
ITEMIZED RECEIPTS

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

PAGE 3 OF 6
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Schmidt 7209 Meadow Wood Way Clarksville, MD 21029	L + E Associates	9-30-98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V-President 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
Sylvia Syphax 609 60th Place Fairmount Heights, MD 20743	U.S. Dept of Labor	9-30-98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Comp. Housing Spec. Aggregate Year-to-Date > \$1,250 -		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Syphax 907 M Street NW Washington, DC 20001	Howard Univ	9-30-98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician 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
Ashok Tharaja 2123 Georgia Ave Brookville, MD 20833	AT T Systems	9-30-98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$6,000 -		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Mc Donough 4403 Woodgate Way Bowie, MD 20720	O'Malley & Miles LAW FIRM	9-30-98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Managing Director 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
Brenda Tull 2805 3rd Street SE Washington, DC 20020	Jackson + Tull	9-30-98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V-President 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
RANDOLPH BROOKS 11410 Rhodendra Ave Upper Marlboro, MD 20772	B+B Services	9-30-98	1,000 -
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President/Gen Mgr. Aggregate Year-to-Date > \$2,000 -		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

INDIV

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

PAGE 4 OF 6
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NAME OF COMMITTEE (in Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Essey 5713 Kenfield Lane Upper Marlboro MD 20772 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Applied Quality Communications Occupation: V-President Aggregate Year-to-Date > \$350-	9-15-98	350-
Robert Wright, Jr. 6369 Brampton Ct Alexandria, VA 22304 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer Occupation: RETIRED Aggregate Year-to-Date > \$250-	9-15-98	250-
Carol Berman 2801 New Mexico Ave NW #81A Washington DC 20001 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer: The Duberstein Group Occupation: V-President Aggregate Year-to-Date > \$500-	9-15-98	500-
Lee Barnes 5708 Tranton Place Bethesda MD 20817 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer: Advantage Prof. Occupation: President Aggregate Year-to-Date > \$250-	9-21-98	250-
Dorothy Rollins 14515 St. Apt. 1028 Atlanta, GA 30309 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer: Spectronics Occupation: President Aggregate Year-to-Date > \$1,000-	9-21-98	1,000-
Andrea Baylis 84.3 Mary Ann Dr. Marietta GA 30068 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Name of Employer: CIA Occupation: President Aggregate Year-to-Date > \$1,000-	9-21-98	1,000-
Charles Royster 14408 Haven White Ct Gaithersburg, MD 20879 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer: Systems Integration Group Occupation: President Aggregate Year-to-Date > \$1,000-	9-30-98	1,000-

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

INDIVIDUALIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William T. Wood 3707 BRADLEY LANE Chevy Chase, MD 20815 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Adams Law Ctr. Occupation: Attorney Aggregate Year-to-Date > \$250-	9-1-98	250-
Conrad Aschenbach 13600 Stonebriar Lane North Potomac, MD 20878 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	King Automotive Occupation: President Aggregate Year-to-Date > \$500-	9-5-98	500-
Timothy Ridley 884 16th St. NW 2nd Fl. Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	The Ridley Group Occupation: President Aggregate Year-to-Date > \$1,000-	9-5-98	1,000-
Jennifer Ridley 335 Maryland Ave NE Washington, DC 20006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	N/A Occupation: Student/Homemaker Aggregate Year-to-Date > \$500-	9-5-98	500-
Gregory Simon 710 Franklin St. Silver Spring, MD 20910 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: BUSINESSMAN Aggregate Year-to-Date > \$500	9-5-98	500-
Richard Cheng 1536 Duke of Windsor Rd VA Beach, VA 23454 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ECI, Inc Occupation: CEO Aggregate Year-to-Date > \$	9-5-98	500-
Dan Brouillette 418 Montgomery St Laurel, MD 20707 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation: BUSINESSMAN Aggregate Year-to-Date > \$250-	9-5-98	250-

SUBTOTAL of Receipts This Page (optional)

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INDIV

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 6 FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kirk Wineland PO Box 28 Brandywine, MD 20613	Self-employed	9-30-98	1,000-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	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 R. Houston III 15009 Whitegate Rd Silver Spring, MD 20905	Self	9-30-98	500-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MINISTER	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
LEONARD BAXT 2728 1/2 Chainbridge Rd NW Washington, DC 20016	Self-employed	9-30-98	300-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: BUSINESSMAN	Aggregate Year-to-Date > \$300-	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

25,901-

PACS

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 1 OF 3
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code
 AFSCME PAC
 1625 L Street NW
 Washington DC 20036

Receipt For: Primary General
 Other (specify):

Name of Employer
 PAC

Occupation

Aggregate Year-to-Date > \$3,000-

Date (month, day, year)
 9-16-98

Amount of Each Receipt this Period
 1,000-

B. Full Name, Mailing Address and ZIP Code
 AT&T PAC
 32 Ave. of the Americas
 New York, NY 10013

Receipt For: Primary General
 Other (specify):

Name of Employer
 PAC

Occupation

Aggregate Year-to-Date > \$2,000-

Date (month, day, year)
 9-16-98

Amount of Each Receipt this Period
 1,000.

C. Full Name, Mailing Address and ZIP Code
 Amalgamated Transit Union PAC
 5025 Wisconsin Ave NW
 Washington DC 20016

Receipt For: Primary General
 Other (specify):

Name of Employer
 PAC

Occupation

Aggregate Year-to-Date > \$3,500-

Date (month, day, year)
 9-16-98

Amount of Each Receipt this Period
 2,500-

D. Full Name, Mailing Address and ZIP Code
 AFSCME PAC
 1625 L Street NW
 Washington DC 20036

Receipt For: Primary General
 Other (specify):

Name of Employer
 PAC

Occupation

Aggregate Year-to-Date > \$8,000-

Date (month, day, year)
 9-30-98

Amount of Each Receipt this Period
 5,000-

E. Full Name, Mailing Address and ZIP Code
 National Education Assoc.
 1201 16th St. NW
 Washington DC 20036

Receipt For: Primary General
 Other (specify):

Name of Employer
 PAC

Occupation

Aggregate Year-to-Date > \$3,650-

Date (month, day, year)
 9-30-98

Amount of Each Receipt this Period
 2,000-

F. Full Name, Mailing Address and ZIP Code
 Shaw Pittman Potts, & Trowbridge
 2300 N Street NW
 Washington, DC 20037

Receipt For: Primary General
 Other (specify):

Name of Employer
 PAC

Occupation

Aggregate Year-to-Date > \$7,000-

Date (month, day, year)
 9-30-98

Amount of Each Receipt this Period
 1,000-

G. Full Name, Mailing Address and ZIP Code
 PASS PAC
 1150 17th St. NW #702
 Washington, DC 20036

Receipt For: Primary General
 Other (specify):

Name of Employer
 PAC

Occupation

Aggregate Year-to-Date > \$1,000-

Date (month, day, year)
 9-30-98

Amount of Each Receipt this Period
 1,000-

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

PAC

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3 FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code
National Assoc. Retired Fed. Emp.
606 N. Washington St.
Alexandria, VA 22314

Name of Employer: PAC
Occupation:
Aggregate Year-to-Date: > \$3,000

Date (month, day, year): 9-8-98
Amount of Each Receipt this Period: 3,000 -

Receipt For: Primary General
 Other (specify):

B. Full Name, Mailing Address and ZIP Code
MAPOR Healthcare Corp PAC
11555-Darnestown Rd
Gaithersburg, MD 20878

Name of Employer: PAC
Occupation:
Aggregate Year-to-Date: > \$1,000

Date (month, day, year): 9-8-98
Amount of Each Receipt this Period: \$1,000 -

Receipt For: Primary General
 Other (specify):

C. Full Name, Mailing Address and ZIP Code
Time Warner, Inc PAC
75 Rockefeller Plaza
NY, NY 10019

Name of Employer: PAC
Occupation:
Aggregate Year-to-Date: > \$3,000

Date (month, day, year): 9-8-98
Amount of Each Receipt this Period: 3,000

Receipt For: Primary General
 Other (specify):

D. Full Name, Mailing Address and ZIP Code
SBC Communications PAC
175E Houston Rm 424
San Antonio, TX 78205

Name of Employer: PAC
Occupation:
Aggregate Year-to-Date: > \$2,500 -

Date (month, day, year): 9-8-98
Amount of Each Receipt this Period: 1,000

Receipt For: Primary General
 Other (specify):

E. Full Name, Mailing Address and ZIP Code
KIDSPAC, INC
80 Troubridge St.
Cambridge, MA 02138

Name of Employer: PAC
Occupation:
Aggregate Year-to-Date: > \$1,000 -

Date (month, day, year): 9-8-98
Amount of Each Receipt this Period: 1,000 -

Receipt For: Primary General
 Other (specify):

F. Full Name, Mailing Address and ZIP Code
Bayer Corp. PAC
1101 Pennsylvania Ave NW #15
Washington, DC 20004

Name of Employer: PAC
Occupation:
Aggregate Year-to-Date: > \$500 -

Date (month, day, year): 9-8-98
Amount of Each Receipt this Period: 500 -

Receipt For: Primary General
 Other (specify):

G. Full Name, Mailing Address and ZIP Code
SEAFARMS PAC
5201 AUTH WAY
Camp Springs, MD 20746

Name of Employer: PAC
Occupation:
Aggregate Year-to-Date: > \$1,000 -

Date (month, day, year): 9-10-98
Amount of Each Receipt this Period: 1,000 -

Receipt For: Primary General
 Other (specify):

SUBTOTAL of Receipts This Page (optional)

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PAC

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bell Atlantic PAC 1710 H Street NW, 11th Fl Washington, DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	9-30-98	300 -
Aggregate Year-to-Date > \$2,800 -			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thrift Assoc. of Convenience Stores 1605 King St. Alexandria, VA 22314 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	9-30-98	500 -
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
HOLLAND & KNIGHT, PAC 2100 PENNSYLVANIA AVE NW #40 WASHINGTON DC 20037 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	9-30-98	500 -
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
Transport Workers Union 80 West End Ave New York, NY Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	9-30-98	1,000 -
Aggregate Year-to-Date > \$2,500 -			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chevy Chase Bank PAC 8401 Connecticut Ave Chevy Chase, MD 20815 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	9-30-98	1,000 -
Aggregate Year-to-Date > \$2,500 -			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AFLAC PAC WASHINGTON, DC Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAC	9-30-98	500 -
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
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

28,300 -

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

Political Party PAC

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NAME OF COMMITTEE (In Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<p><i>Leadership 98 1800 K Street NW #710 Washington DC 20006</i></p>		<p><i>9-8-98</i></p>	<p><i>5,000 -</i></p>
<p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	Occupation	Aggregate Year-to-Date	<i>> \$5,000 -</i>
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date	<i>\$</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date	<i>\$</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date	<i>\$</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date	<i>\$</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date	<i>\$</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date	<i>\$</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5,000. -

INKINDS

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Democrat Congressional Campaign Committee 20 Ivy St. NW Washington DC 20036	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9-1-98	Amount of Each Receipt this Period 91.09 INKINDS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. 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):			
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):			
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):			
E. 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):			
F. 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):			
G. 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):			

SUBTOTAL of Receipts This Page (optional)

91.09

TOTAL This Period (last page this line number only)

91.09

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF
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NAME OF COMMITTEE (in Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SAMSON Consulting 4941 Gainsborough Dr FAIRFAX, VA 22032	Consulting fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-22-98	300-
CBC Foundation, Inc 1004 Pennsylvania Ave SE Washington DC 20003	5 Dinner tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-11-98	2,500-
SEI 96 Politics Today 3423 Federal St. Baltimore MD 21213	Ballots Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-11-98	200-
William MacK 3001 MARCANDO LANE Upper Marlboro, MD 20774	Installing billboard signs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-28-98 9-22-98	1054.83 100.00
MAINSTREET COMMUNICATIONS 442 New Jersey Ave. SE Washington, DC 20003	RADIO commercials Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-13-98 9-13-98	2,720.- 7,800.-
July Soft Co. 700 N Oracle Rd-H 118-205 Tucson, AZ 85704	Computer software Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-98	4,895.-
PEPCO PO Box 2812 Washington DC 20067	Campaign office electric service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-11-98	311.67
Bell Atlantic PO Box 644 Baltimore, MD 21265	Campaign office phone bills Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-31-98 9-1-98 9-28-98	209.78 110.96 26.00
Edgeworth Associates 5709 Frederick Ave Rockville, MD 20852	Sept campaign Oct office rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-31-98 9-28-98	935- 935-

SUBTOTAL of Disbursements This Page (optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mt. Vernon Press 3229 Hubbard Rd Landover, MD 20785	District brochures 21 brochures 23 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-98 9-3-98 9-3-98	79.00 251.00 120.00
Mt. Vernon Press 3229 Hubbard Rd Landover, MD 20785	District brochures 24 brochures 25 26 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-98 9-3-98 9-3-98	601.00 641.00 888.00
Mt. Vernon Press 3229 Hubbard Rd Landover, MD 20785	District brochures 27 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-98 9-3-98	160.00 910.00
U.S. Postmaster Landover, MD	Mailing brochures Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-98 9-3-98 9-3-98	36.00 190.00 55.00
U.S. Postmaster Landover, MD	Mailing brochures Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-98 9-3-98 9-3-98	264.00 278.00 400.00
U.S. Postmaster Landover, MD	Mailing brochures Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-98	72.00
Print Source 8900 Edgeworth Dr #C Capitol Heights, MD 20743	Printing comp lit Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-31-98	49.35
WW Printing Co 9137 Aabucke Dr Gaithersburg, MD 20877	invitations 3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-31-98	691.95
RALCO Products 627 Reisterstown Rd Baltimore, MD 21208	Bumper stickers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-31-98	485.05

SUBTOTAL of Disbursements This Page (optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H+W Printing 3616 Oak Lane Mt. Ranier, MD 20712	IMMEDIATELY 4x8 SIGNS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-11-98 9-11-98	1689.08 2020.00
H+N Printing 1913 Greenspring Dr Timonium, MD 21093	Campaign posters Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-5-98	1513.05
Patrist Signs 1001 Second Ave Dayton, Ky 41074	Wire Frames for posters Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-9-98	1072.00
AI Balloons 5535 Shenick Rd Capitol Heights, MD 20743	imprinted balloons & helium tank Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-22-98 9-11-98	15.- 280.-
County Fast Printing 8819 Walker Mill Rd Capitol Heights, MD 20743	Campaign hats Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-22-98	1532.03
FRIENDS OF JOHN PRATT 112 East Northern Pkwy Baltimore, MD 21212	Campaign signs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-11-98	1500.-
AT4T Co PO Box 371430 Pittsburgh, PA 15250	long distance service Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-30-98	14356
PA George Co Sentinel Newspaper 9485 Lanham Severn Rd Seabrook, MD	2 newspaper ads Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-1-98	252.-
Bailey's Cafe 1010 Wayne Street Silver Spring, MD 20910	CATERING Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-31-98	500.-

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Democratic Club 30 Ivy St. SE Washington, DC 20003	Catering Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-4-98 9-28-98	334.35 450.00
Freestate Auto + Truck Serv. 9152 Edgeworth Dr. Capitol Heights, MD 20743	Campaign truck repair Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-5-98	350.-
Cindy Cumberlandge 4914 55th Place Hyattsville, MD 20781	Reimb. campaign expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-28-98	50.-
Bill Boston 1009 Drexelgate Lane Capitol Heights, MD 20791	Reimb. campaign expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-3-98	220.63
Chris Miller 127 11th St. NE #10 Washington DC 20002	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-31-98 9-16-98 9-28-98	1,000.- 1,000.- 1,000.-
Chris Miller 127 11th St. NE #10 Washington DC 20002	Reimb. campaign expenses & Donuts Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-1-98 9-28-98 9-28-98	204.59 300.- 123.36
Adrian Jones 1103 Balboa Ave Capitol Heights MD 20743	Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-31-98 9-16-98 9-28-98	900.- 900.- 900.-
Adrian Jones 1103 Balboa Ave Capitol Heights, MD 20743	Bonus; reimburse campaign exp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-28-98 9-28-98	300.- 31.55
Jewel Praise 12217 Somersworth Dr Silver Spring, MD 20904	Feb-Sept Salary; reimburse campaign expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-31-98 9-16-98 9-28-98 9-28-98	1104.- 1104.- 1104.- 1138.54

SUBTOTAL of Disbursements This Page (optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

ALBERT R. WYNN FOR CONGRESS

A. 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
Julius Hanson Politics Today 3023 Federal Street Baltimore, MD 21213	Sept Salary 3 mos expense	9-1-98 9-1-98	5,000 - 750 -
Curt Clifton 19 East Street Annapolis, MD 21407	Consulting fee	9-27-98	1971.84
American Express 90 Curt Clifton 19 East Street Annapolis, MD 21407	Reimb. Campaign Related expenses	9-27-98	544.55
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)

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59,452.80

INKINDS

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic Congressional Campaign 30 Ivy St. SE Washington, DC 20003	FAKING & LONG DISTANCE SERVICE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-1-98	91.09 INKINDS
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)	91.09

SCHEDULE A

Interest
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>First Union BANK 7700 Landover Rd Landover, MD</i>	<i>Interest</i>	<i>8-30-98</i>	<i>257.04</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>INDUSTRIAL BANK 4812 Georgia Ave Washington, DC 20011</i>	<i>Interest</i>	<i>8-30-98</i>	<i>207.63</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Merrill Lynch 1850 K Street NW 7th Fl Washington, DC 20006</i>	<i>Interest</i>	<i>8-30-98</i>	<i>368.49</i>
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	<i>412.26</i>
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	<i>1245.42</i>

SCHEDULE A

REFUNDS
ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Free State Auto & Truck Serv. 9142 Edgeworth Dr Capitol Heights MD 20743	Refund over pymt	9-10-98	25.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$25.64	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
U-Haul Int'l. Inc. 2727 N Central Ave Phoenix, AZ 85004	Refund Truck rental fees	9-5-98 9-5-98 9-5-98 9-5-98	40.41 38.40 52.49 42.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$177.51	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maryland Democratic Party Campaign 98, Fed. Acct. 158 Main St Annapolis, MD 21401	Reimburse primary election consulting fees	9-30-98	4,000 -
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$4,000 -	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

4,203.45

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Qualls for Congress 19 Garfield Pl # 204 Cincinnati, OH 45202	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000 -
Christine Kehoe for Congress 1010 University Ave San Diego, CA 92103	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000
UDA 11 for US A11 PO Box 208 Sante Fe, NM 87504	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000
Hoekell for Congress 70 E Johnson Highway Norristown, PA 19401	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000
Inster for Congress 218 Main Street # 196 Kirkland WA 98033	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000
Baron Hill for Congress PO Box 1071 Seymour, IN 47274	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000
Mike Thompson for Congress PO Box 1995 St. Helena, CA 94574	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000
David Wu for Congress 9215 W Morrison St # 310 Portland OR 97205	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000 -
Stallings for Congress PO Box 205 Pocatello, ID 83204	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000 -

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

ALBERT R. WYNN FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KEN LUCAS FOR CONGRESS 8100 Burlington Pike # 334 Florence, KY 41042	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000 -
Brian Baird for Congress PO Box 5014 Vancouver, WA 98668	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000 -
Spottswood for Congress 3700 45th St. Kenosha, WI 53144	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000 -
Buckley for Congress PO Box 17397 Las Vegas, NV 89125	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000 -
Phelps for Congress 209 N Vine St Harrisburg, IL 62946	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-98	1,000 -
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)

14,000 -

LOANS

Name of Committee (in Full) ALBERT R. WYNN FOR CONGRESS			
A. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer	(This area is shaded to indicate that the information provided in this section is not to be reported on the summary line.)	
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (april) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer	(This area is shaded to indicate that the information provided in this section is not to be reported on the summary line.)	
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
ALBERT R. WYNN FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
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)	- 0 -
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	- 0 -

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10-15-88</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>sed</i> PREPARER	<i>10-15-88</i> DATE PREPARED