

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

96 DEC -9 AM 11:31

1. NAME OF COMMITTEE (In full) Karpan for Wyoming		2. FEC IDENTIFICATION NUMBER COO316851
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 522		3. IS THIS REPORT AN AMENDMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITY, STATE and ZIP CODE Cheyenne, WY 82003		

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report ☐ Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report ☒ Thirtieth day report following the General Election on
November, 5, 1996 State of **Wyoming**
- ☐ January 31 Year End Report
- ☐ July 31 Mid Year Report (Non-election Year Only) ☐ Termination Report

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>10/01/96</u> through <u>11/20/96</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$ 344,291.53	\$ 764,176.62
(b) Total Contributions Refunds (from Line 20(d))	\$ 2,000.00	\$ 2,300.00
(c) Net Contributions (other than loans) (subtract Line 6(b)) from 6(a))	\$ 342,291.53	\$ 761,876.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$ 372,933.86	\$ 776,910.51
(b) Total Offsets to Operating Expenditures (from Line 14)	\$ 288.80	\$ 913.80
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$ 372,645.06	\$ 775,996.10
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$ 24,919.66	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemized all on Schedule C and/or Schedule D)	\$ 0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Roger Schreiner

Signature of Treasurer

Roger Schreiner

Date

Nov. 25, 1996

For information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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 COO316851
Karpan for Wyoming

REPORT COVERING PERIOD
FROM: 10/01/96 TO: 11/20/96

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individual/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)		146,741.72	
(ii) Unitemized		55,027.54	
(iii) Total of contributions from individuals		201,769.26	453,604.35
(b) Political Party Committees		8,415.27	26,115.27
(c) Other Political Committees (such as PACs)		134,107.00	284,457.00
(d) The Candidate			
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)iii), (b), (c) and (d))		344,291.53	764,176.62
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.		1,154.18	39,039.75
13. LOANS:			
(a) Made or Guaranteed by the Candidate			1,000.00
(b) All Other Loans			
(c) TOTAL LOANS (add 13(a) and (b))			1,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		288.80	913.80
15. OTHER RECEIPTS (Dividends, Interest, etc.)			
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		345,734.51	804,130.17
II. DISBURSEMENTS			
17. OPERATING EXPEDITURES		372,933.86	776,910.51
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.			
19. LOAN REPAYMENTS:			
(a) OF Loans Made or Guaranteed by the Candidate			
(b) Of All Other Loans			1,000.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			1,000.00
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Person Other Than Political Committees		2,000.00	2,300.00
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) TOTAL CONTRIBUTIONS REFUNDS (add 20(a), (b) and (c))		2,000.00	2,300.00
21. OTHER DISBURSEMENTS			
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		374,933.86	780,210.51

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	54,119.01
24. TOTAL RECEIPTS THIS PERIOD (form Line 16)	\$	345,734.51
25. SUBTOTAL (add Line 23 and Line 24)	\$	399,853.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	374,933.86
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtrat Line 26 from 25).	\$	24,919.66

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 49
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN SANDS 33 N. DEARBORN STE 1630 CHICAGO IL 60602	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/01/96	
	Aggregate Year-to-Date > \$	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES GILWEE 700 E. STREET SACRAMENTO CA 95814	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/01/96	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAY KAPLAN 5909 W. 3RD ST. LOS ANGELES CA 90036	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/01/96	
	Aggregate Year-to-Date > \$	500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN KYOME 8 WESTMORELAND PLACE ST. LOUIS MO 63108	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/01/96	
	Aggregate Year-to-Date > \$	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALVA HOLLON JR. 2300 DIANA DRIVE NO. 304 HALLANDALE FL 33009	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/01/96	
	Aggregate Year-to-Date > \$	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W.C. TUCKER JR. 3009 STERLING RD. BIRMINGHAM AL 35213	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/01/96	
	Aggregate Year-to-Date > \$	500.00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT RAMSEY 1599 RANCH HOUSE RD. WEATHERFORD TX 76087	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/01/96	
	Aggregate Year-to-Date > \$	500.00	500.00

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

3,500.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

Use separated schedule(s)
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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code R. EDWARD PFIESTER, JR. 2000 RIVERSIDE DR. LOS ANGELES CA 90039 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PFIESTER LAW CORP. Occupation ATTORNEY Aggregate Year-to-Date > \$	Date (month, day, year) 10/01/96 500.00	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code JOHN STEEL 745 MOUNT PARAN RD. ATLANTA GA 30327 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation ATTORNEY Aggregate Year-to-Date > \$	Date (month, day, year) 10/01/96 500.00	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code WILLIAM JUNGBAUER 10 COLUMBINE LANE NORTH OAKS MN 55127 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer YAEGER, JUNGHBAUER, BARCZAK & ROE Occupation ATTORNEY Aggregate Year-to-Date > \$	Date (month, day, year) 10/01/96 500.00	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code EDDIE WILSON 1294 DIAMOND SPRINGS RD. VIRGINIA BEACH VA 23455 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation ATTORNEY Aggregate Year-to-Date > \$	Date (month, day, year) 10/01/96 500.00	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code GENE NAPIER 12200 CATALINA LEAWOOD KS 66209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HUBBELL SAWYER PEAK & O'NEAL Occupation ATTY Aggregate Year-to-Date > \$	Date (month, day, year) 10/01/96 600.00	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code DANIEL DOWNES 6616 N. KEOTA CHICAGO IL 60646 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation ATTORNEY Aggregate Year-to-Date > \$	Date (month, day, year) 10/01/96 500.00	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code GREGORY HUGHES 266 ALLENTOWN DR. FT. MITCHELL KY 41017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BURGE & WETTERMARK Occupation ATTORNEY Aggregate Year-to-Date > \$	Date (month, day, year) 10/01/96 500.00	Amount of Each Receipt this Period 500.00

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

3,500.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. ARTHUR RUTTER III 1913 LYNN COVE LANE VIRGINIA BEACH VA 23454	Occupation ATTORNEY	10/01/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM KELLER 1528 WALNUT STREET, SUITE 1900 PHILADELPHIA PA 19102	WILLIAM KELLER & ASSOC.	10/01/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/01/96	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUSSELL INGEBRITSON 128 DELLWOOD AVE. DELLWOOD MN 55110	Occupation ATTORNEY	10/01/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SIDNEY GILREATH PO BOX 1270 KNOXVILLE TN 37901	Occupation ATTORNEY	10/01/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH ALTIER 450 SEVENTH AVE. NEW YORK NY 10123	Occupation ATTORNEY	10/01/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BEN SAUNDERS 3113 SIXTEENTH ST. METAIRIE IA 70002	Occupation ATTORNEY	10/01/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. WELDON GRANGER PO BOX 4340 HOUSTON TX 77210	Occupation ATTORNEY	10/01/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00

SUBTOTAL of Receipts This Page (optional)..... 3,500.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code WILLARD MOODY 500 CRAWFORD ST., STE 300 PORTSMOUTH VA 23704		Name of Employer MOODY, STROPLE & KLOEPEL, LTD.	Date (month, day, year) 10/01/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 500.00	500.00
B. Full Name, Mailing Address and ZIP Code JOHN COLLINS 267 NORTH STREET BUFFALO NY 14201		Name of Employer SELF	Date (month, day, year) 10/01/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 500.00	500.00
C. Full Name, Mailing Address and ZIP Code PAT GOODSON BOX 130 SUNDANCE 82729		Name of Employer SELF	Date (month, day, year) 10/01/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RANCHER	Aggregate Year-to-Date > \$ 550.00	500.00
D. Full Name, Mailing Address and ZIP Code R. GARY STEPHENS 502 POST OAK BLVD. #600 HOUSTON TX 77027		Name of Employer STEPHENS & STEPHENS	Date (month, day, year) 10/01/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 2,000.00	2,000.00
E. Full Name, Mailing Address and ZIP Code VERNON JORDAN JR. 1333 NEW HAMPSHIRE AVE. NW WASHINGTON DC 20036		Name of Employer AKIN, GUMP, STRAUSS, HAUER & FELD	Date (month, day, year) 10/01/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250.00	250.00
F. Full Name, Mailing Address and ZIP Code DONALD YALE 1108 S. 113TH PLAZA OMAHA NE 68144		Name of Employer	Date (month, day, year) 10/01/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RETIRED	Aggregate Year-to-Date > \$ 250.00	250.00
G. Full Name, Mailing Address and ZIP Code BERN HINCKLEY 508 SOUTH 11TH LARAMIE 82070		Name of Employer SELF	Date (month, day, year) 10/01/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation CONSULTANT	Aggregate Year-to-Date > \$ 650.00	350.00

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

4,350.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code EDWARD MORIARITY P.O. BOX 548 JACKSON WY 83001		Name of Employer SPENCE, MORIARITY, SCHUSTER	Date (month, day, year) 10/01/96	Amount of Each Receipt this Period 361.83
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 361.83	
B. Full Name, Mailing Address and ZIP Code WILLIAM PRICE 2131 E. 27TH ST. TULSA OK 74114		Name of Employer BUSINESS EXECUTIVE	Date (month, day, year) 10/02/96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code MATT KARPAN RR 1, BOX 694 ELKADER IA 52043		Name of Employer RETIRED	Date (month, day, year) 10/02/96	Amount of Each Receipt this Period 175.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 425.00		
D. Full Name, Mailing Address and ZIP Code J. MIKE PATRICK 2811 BIG HORN AVE. CODY WY 82414		Name of Employer SELF-EMPLOYED	Date (month, day, year) 10/02/96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code MARILYN MITCHELL 1825 CUSTER AVE. CASPER WY 82601		Name of Employer WY. STATE BD. OF PHARMACY	Date (month, day, year) 10/02/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code ROBERT PATRICK 1635 LYNWOOD PL. CASPER WY 82604		Name of Employer SELF-EMPLOYED	Date (month, day, year) 10/02/96	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 350.00		
G. Full Name, Mailing Address and ZIP Code NANCY RUBIN 3035 CHAIN BRIDGE RD. WASHINGTON DC 20016		Name of Employer INFORMATION REQUESTED	Date (month, day, year) 10/02/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00		

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

3,136.83

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

96020304204

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code ROBERT SCHULE 2214 ARYNESS DR. VIENNA VA 22181	Name of Employer WEXLER GROUP	Date (month, day, year) 10/02/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FOUNDING PRINCIPAL	Aggregate Year-to-Date > \$ 250.00	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code JOANNE HALLADAY 419 W. 8TH AVE. CHEYENNE WY 82001	Name of Employer RETIRED	Date (month, day, year) 10/02/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 250.00	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code JOHN D ROCKEFELLER IV 2121 PARK RD. N.W. WASHINGTON DC 20010	Name of Employer U.S. SENATOR WEST VIRGINIA	Date (month, day, year) 10/02/96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation U.S. SENATOR WEST VIRGINIA	Aggregate Year-to-Date > \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code SHARON ROCKEFELLER 2121 PARK ROAD N.W. WASHINGTON DC 20010	Name of Employer WASHINGTON PUBLIC TV	Date (month, day, year) 10/02/96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code ANNE WEXLER 5058 LOWELL ST. N.W. WASHINGTON DC 20016	Name of Employer WEXLER GROUP	Date (month, day, year) 10/02/96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code WILLIAM FRANKS HC 75, BOX 33 LINGLE WY 82223	Name of Employer RETIRED	Date (month, day, year) 10/03/96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROFESSOR	Aggregate Year-to-Date > \$ 300.00	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code D.L. BLACKSTONE 1909 PARK LARAMIE WY 82070	Name of Employer UNIVERSTIY OF WYOMING	Date (month, day, year) 10/03/96	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROFESSOR	Aggregate Year-to-Date > \$ 250.00	Amount of Each Receipt this Period 75.00
SUBTOTAL of Receipts This Page (optional).....			3,375.00
TOTAL This Period (last page this line number only).....			3,375.00

9602030/4205

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN CLEVELAND PO BOX 7463 JACKSON WY 83002	Occupation INFORMATION REQUESTED	10/03/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VICCI COLGAN 212 W. 7TH AVE. CHEYENNE WY 82001	STATE OF WYOMING	10/03/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/03/96	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LYNN SIMONS BOX 185 CHEYENNE 82003	U.S. GOVT.	10/03/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REGIONAL SEC. DEPT. OF EDUCATION	10/03/96	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HERBERT KOHL 825 N. JEFFERSON ST. MILWAUKEE WI 53202	U.S. SENATOR OF WISCONSIN	10/04/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OLGA QUEALY P.O. BOX 391 KEMMERER WY 83101	RETIRED	10/04/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PRESS STEPHENS P.O. BOX 432 DUBOIS WY 82513	SELF-EMPLOYED	10/05/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OUTFITTER	10/05/96	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELIZABETH BAGLEY 1539 29TH ST. N.W. WASHINGTON DC 20007	AMBASSADOR TO PORTUGAL	10/06/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
SUBTOTAL of Receipts This Page (optional).....			2,750.00
TOTAL This Period (last page this line number only).....			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAJOR MILLER 418 PINE CREEK RD. ALADDIN 82710	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RANCHER	10/06/96	
	Aggregate Year-to-Date > \$	400.00	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE MCCANN P.O. BOX 173 SINCLAIR WY 82334			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	10/06/96	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOLPH BRISCOE JR. BOX 389 UVALDE TX 78801	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RANCHER	10/07/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANEY BRISCOE BOX 389 UVALDE TX 78801			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	10/07/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN VINCENT 301 EAST ADAMS RIVERTON WY 82501	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/07/96	
	Aggregate Year-to-Date > \$	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SANDOR STRAUS 318 MAVERICK COURT LAFAYETTE CA 94549			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFO. REQUESTED	10/07/96	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIMOTHY PLETCHER 2929 ALLEN PARKWAY, STE 2700 HOUSTON TX 77019	HELM, PLETCHER, BOWEN & SAUNDERS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/07/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

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

4,350.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code THOMAS BOLAND 2800 1ST AVE. N. GREAT FALLS MT 59401 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation ATTORNEY	Date (month, day, year) 10/07/96	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code FRANK BAMBERGER 19 GRACE COURT, APT. 6A BROOKLYN NY 11201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation COMPUTER SOFTWARE ENGINEER	Date (month, day, year) 10/08/96	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code LOTTE BAMBERGER 1728 WARNELL AVE. LOS ANGELES CA 90024 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation RETIRED	Date (month, day, year) 10/08/96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code MARTHA AHERN 645 S. ALTON WAY 9B DENVER CO 80231 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HOUSEWIFE Occupation HOUSEWIFE	Date (month, day, year) 10/08/96	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code LAURIE SULLIVAN 901 15TH ST. N.W. WASHINGTON DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer VERNER, LIIPFERT, BERNARD, MCPHERS Occupation ATTORNEY	Date (month, day, year) 10/08/96	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code RICHARD HIRST 4401 E. LAKE HARRIET PKWY MINNEAPOLIS MN 55409 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NORTHWEST AIRLINES Occupation SENIOR VICE-PRESIDENT	Date (month, day, year) 10/08/96	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code CYNTHIA FRIEDMAN 5610 WISCONSIN AVENUE APT. 103 CHEVY CHASE 20815 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UNION REAL ESTATE COMPANY Occupation EXECUTIVE	Date (month, day, year) 10/08/96	Amount of Each Receipt this Period 500.00

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

5,300.00

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

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT KOGOD 2345 CRYSTAL DRIVE ARLINGTON VA 22202	CHARLES E. SMITH MANAGEMENT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	10/08/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUDITH THEDFORD 11001 PINEY MEETINGHOUSE RD. POTOMAC MD 20854			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	10/08/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL SAUNDERS 607 ROWLOCK LANE HOUSTON TX 77079	HELM, PLETCHER, BOWEN & SAUNDERS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/08/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANET STUDLEY 3204 ROLLIING ROAD CHEVY CHASE MD 20815	HOLLAND & KNIGHT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY/ PARTNER	10/08/96	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER NYBERG 5054 31ST AVE. S. MINNEAPOLIS 55417			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	10/08/96	
	Aggregate Year-to-Date > \$	300.00	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANCES QUINTANA 1516 MARTIN AVENUE AZTEC 87410	RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/08/96	
	Aggregate Year-to-Date > \$	250.00	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA RISING 1109 E. TAPATIO DRIVE PHOENIX 85020	AG COMMUNICATION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SOFTWARE ENGINEER	10/08/96	
	Aggregate Year-to-Date > \$	275.00	250.00

SUBTOTAL of Receipts This Page (optional)..... 3,700.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

CO0316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HENRY STEINER 11 GARDEN TERRACE CAMBRIDGE MA 02138	HARVARD UNIVERSITY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROFESSOR	10/08/96	
	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTHA TOLMAN 1 CALVIN CR.C-401 EVANSTON IL 60201	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTOR	10/08/96	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SIDNEY UNGER 76 HARTSDALE AVE. WHITE PLAINS 10605			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	10/08/96	
	Aggregate Year-to-Date > \$	450.00	200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GEORGE WALLERSTEIN 2309 NE 77TH STREET SEATTLE 98115	UNIVERSITY OF WASHINGTON		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROFESSOR OF ASTRONOMY	10/08/96	
	Aggregate Year-to-Date > \$	1,500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM ROESELER P.O. BOX 1587 3701 HOUSE AVE. CHEYENNE 82003			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	10/09/96	
	Aggregate Year-to-Date > \$	300.00	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEONARD GILL 1614 HOUSE AVE CHEYENNE 82001			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	10/09/96	
	Aggregate Year-to-Date > \$	250.00	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRS. JOHN MORRIS 10401 EXP. FARM ROAD CHEYENNE WY 82009			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	10/09/96	
	Aggregate Year-to-Date > \$	300.00	300.00

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

1,950.00

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

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

CO0316851

A. Full Name, Mailing Address and ZIP Code IRMA KLEIN 1600 TORREY PINES DR. LA JOLLA CA 92037	Name of Employer Occupation HOMEMAKER	Date (month, day, year) 10/09/96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
B. Full Name, Mailing Address and ZIP Code PATRICIA FRASER 3453 SOUTHFORK RD. CODY WY 82414	Name of Employer DOUBLE DIAMOND X RANCH Occupation OWNER	Date (month, day, year) 10/09/96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code LYNN COLEMAN 1440 NEW YORK AVE, NW WASHINGTON DC 20005	Name of Employer Occupation INFO REQUESTED	Date (month, day, year) 10/09/96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code ROWENA HECKERT 10769 PORTUGEE PHILLIPS RD. CHEYENNE 82009	Name of Employer STATE OF WYOMING Occupation ATTORNEY	Date (month, day, year) 10/10/96	Amount of Each Receipt this Period 350.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,700.00	350.00
E. Full Name, Mailing Address and ZIP Code JEANNE O'MAHONEY 3707 HYNDS BLVD. CHEYENNE 82001	Name of Employer Occupation	Date (month, day, year) 10/10/96	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	300.00	100.00
F. Full Name, Mailing Address and ZIP Code KATE MISSETT 2301 KNOLLWOOD DRIVE GILLETTE WY 82718	Name of Employer SELF-EMPLOYED Occupation INFORMATION REQUESTED	Date (month, day, year) 10/10/96	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	350.00	200.00
G. Full Name, Mailing Address and ZIP Code DENICE WHEELER PO BOX 106 EVANSTON WY 82931	Name of Employer SELF Occupation	Date (month, day, year) 10/10/96	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	300.00	100.00
SUBTOTAL of Receipts This Page (optional).....			2,750.00
TOTAL This Period (last page this line number only).....			2,750.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separated schedule(s)
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

CO0316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDWIN LEBSOCK BOX 137 LINGLE WY 82223	RETIRE	10/10/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES MILLS 124 CEDAR RIDGE THERMOPOLIS WY 82443	HOLIDAY INN	10/10/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARTLEY O'HARA 3400 MCKINLEY ST, NW WASHINGTON DC 20015	SELF	10/10/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARIANNE NORTH 841 W. 21ST CASPER 82601	CASPER COLLEGE	10/10/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	627.13	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRS. WILLIAM KERR BOX 25106 JACKSON 83001	SELF-EMPLOYED	10/10/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM KERR P.O. BOX 25106 JACKSON 83001	RETIRE	10/10/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARNETTE PRYCE 111 W. MAPLE RAWLINS 82301	RETIRE	10/10/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	300.00	100.00
SUBTOTAL of Receipts This Page (optional).....			3,700.00
TOTAL This Period (last page this line number only).....			

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NAME OF COMMITTEE (in Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code JEROME SCHLICHTER 100 SOUTH 4TH ST. SUITE 900 ST. LOUIS MO 63102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer SCHLICHTER, BOGARD & DENTON Occupation ATTORNEY Date (month, day, year) 10/11/96 Aggregate Year-to-Date > \$ 250.00	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code MARGARET MCGEE 790 SHOSHONE AVE. LANDER WY 82520 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation RETIRED Date (month, day, year) 10/11/96 Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code ELIZABETH FIELD BOX 684 NEWCASTLE WY 82701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation HOMEMAKER Date (month, day, year) 10/11/96 Aggregate Year-to-Date > \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code DEAN BARK BOX V JACKSON WY 83001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer SELF Occupation ATTORNEY Date (month, day, year) 10/11/96 Aggregate Year-to-Date > \$ 300.00	Amount of Each Receipt this Period 300.00
E. Full Name, Mailing Address and ZIP Code RONALD SAYPOL PO BOX 7405 JACKSON WY 83001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer SELF-EMPLOYED Occupation CONTRACTOR Date (month, day, year) 10/11/96 Aggregate Year-to-Date > \$ 2,000.00	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code JOSEPH DAVIS 720 RANGER DRIVE CHEYENNE WY 82009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation RETIRED Date (month, day, year) 10/11/96 Aggregate Year-to-Date > \$ 350.00	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code BRUNO BONICELLI PO BOX 247 DIAMONDDVILLE WY 83116 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer RETIRED Occupation RETIRED Date (month, day, year) 10/11/96 Aggregate Year-to-Date > \$ 250.00	Amount of Each Receipt this Period 50.00

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

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

3,200.00

96020304213

SCHEDULE A

ITEMIZED RECEIPTS

Use separated schedule(s)
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code LARRY CALLER PO BOX 2202 ROCK SPRINGS WY 82902 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation BUSINESS MAN Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 10/11/96	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code PATRICK HACKER 2515 PIONEER AVE CHEYENNE WY 82001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation ATTORNEY Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/11/96	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code VERN RISSLER P.O. BOX 3202 CASPER 82602 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 10/11/96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code MARY LYNNE WHALEN 312 8TH ST. S.E. WASHINGTON DC 20003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer WILLIAM & JENSON Occupation ATTORNEYS Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/11/96	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code MARGARET PERROTT P.O. BOX 5952 CHEYENNE 82003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STUDENT Occupation Aggregate Year-to-Date > \$ 1,750.00	Date (month, day, year) 10/12/96	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code GORDON KEARL PO BOX 3983 LARAMIE WY 82070 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/12/96	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code ANNA LARKIN 1034 JEFFERSON DOUGLAS WY 82633 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/12/96	Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... 4,300.00

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

96020304214

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NAME OF COMMITTEE (in Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JIM SALATO P.O. BOX 401 KNOXVILLE IA 50138	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AUTO DEALER	10/13/96	
	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CLARK ONSTAD 55 GOLDEN EAGLE LN. LITTLETON CO 80127			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFO REQUESTED	10/13/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. COLIN DOWLING 1207 N. PITT ST. APT 2B ALEXANDRIA VA 22314			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFO REQUESTED	10/13/96	
	Aggregate Year-to-Date > \$	500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRS. VERN ECTON 700 CULBERTSON WORLAND 82401			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	10/13/96	
	Aggregate Year-to-Date > \$	700.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRUCE MORLEY 3070 S. STIRRUP DR. JACKSON HOLE 83001	U.S. ENERGY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PERSONAL MANAGER	10/13/96	
	Aggregate Year-to-Date > \$	350.00	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK KARPAN 520 BENTON AVE. W. NO.372 ALBIA 52531			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	10/14/96	
	Aggregate Year-to-Date > \$	400.00	200.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICIA TRAVIS 213 JADE ST. ROCK SPRINGS 82901	ROCK SPRINGS NEWSPAPERS INC		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS MANAGER	10/14/96	
	Aggregate Year-to-Date > \$	1,000.00	500.00

SUBTOTAL of Receipts This Page (optional)..... 3,050.00

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96020304215

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES TRAVIS 213 JADE ST. ROCK SPRINGS 82901	WESCO		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BRANCH ADMIN. MGR.	10/14/96	
	Aggregate Year-to-Date > \$	1,000.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH BLUEMEL P.O. BOX 47 KEMMERER 83101	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/14/96	
	Aggregate Year-to-Date > \$	500.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STELLA SCARPOS 3118 DILLON CHEYENNE WY 82001	STATE LIVESTOCK BOARD		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SECRETARY	10/14/96	
	Aggregate Year-to-Date > \$	1,000.00	300.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEROME CONLON 2501 M STREET, NW, NO. 707 WASHINGTON DC 20001			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFO REQUESTED	10/14/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN BILLION 1600 S. 4TH AVE. SIOUX FALLS SD 57105			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFO REQUESTED	10/14/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY JO NEMEC HCR 63, BOX 45 HOLABIRD SD 57540			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFO REQUESTED	10/14/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PARKER FOLSE, III 4895 ROSE AVE., NE BAINBRIDGE ISLAND WA 98110	SUSMAN GODFREY LLP		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/14/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
SUBTOTAL of Receipts This Page (optional).....			5,050.00
TOTAL This Period (last page this line number only).....			5,050.00

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code RICHARD ANDERSON 9522 OLYMPIA DR. EDEN PRAIRIE MN 55347 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation INFO REQUESTED Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/14/96	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code DONN MCCALL 405 EAST 10TH ST. CASPER WY 82601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BROWN, MASSEY, DREW & SULLIVAN Occupation ATTORNEY Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/14/96	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code ANITA MCCALL 405 EAST 10TH ST. CASPER WY 82601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation HOUSEWIFE Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/14/96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code DONNA CONNOR 121 E. MAPLE RAWLINS WY 82301 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation INFORMATION REQUESTED Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/14/96	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code ROBERT TIEDEKEN 7324 TUMBLEWOOD DR. CHEYENNE WY 82009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation ATTORNEY Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/14/96	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code MARY SADLER 2311 LEE LANE CASPER 82604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 310.00	Date (month, day, year) 10/14/96	Amount of Each Receipt this Period 10.00
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period

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

1,410.00

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96020304217

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN NUNLEY 2000 S. COFFMAN AVE CASPER 82604	RETIRED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/14/96	
	Aggregate Year-to-Date > \$	210.00	10.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DERREL CARRUTH P.O. BOX 1831 CASPER 82602	USDA		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/14/96	
	STATE DIRECTOR		
	Aggregate Year-to-Date > \$	260.00	60.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANNE LOWE 97 PRIMROSE CASPER WY 82604			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/14/96	
	RETIRED		
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT PATRICK 1635 LYNWOOD PLACE CASPER 82604	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/14/96	
	PHYSICIAN		
	Aggregate Year-to-Date > \$	370.00	20.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAURIE MICHAELS 2601 31ST NW WASHINGTON DC 20008	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/14/96	
	PSYCHOLOGIST		
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
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
GREGORY PHILLIPS P.O. BOX 2606 EVANSTON WY 82930			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/15/96	
	RETIRED		
	Aggregate Year-to-Date > \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)..... 1,590.00

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96020304218

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code ARNE JORGENSEN PO BOX 2433 JACKSON WY 83001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BRUCE HAWTHE ARCH Occupation ARCHITECT Aggregate Year-to-Date > \$	Date (month, day, year) 10/15/96	Amount of Each Receipt this Period 50.00
B. Full Name, Mailing Address and ZIP Code MRS. GEORGE MARTIN 1015 MT. MEEKER CHEYENNE 82009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ING Occupation RECEPTIONIST Aggregate Year-to-Date > \$	Date (month, day, year) 10/15/96	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code MELICENT HERSCHLER PO BOX 368 BIG HORN WY 82833 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation HOUSEWIFE Aggregate Year-to-Date > \$	Date (month, day, year) 10/15/96	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code WANDA BOWMAN 946 MELROSE AVE. TRENTON NJ 08629 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NEW JERSEY EDUCATION ASSN. Occupation JOURNALIST Aggregate Year-to-Date > \$	Date (month, day, year) 10/15/96	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code LAWRENCE RASKY 20 BRIDGE PATH WESTWOOD MA 02090 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RASKY & CO. Occupation PRESIDENT Aggregate Year-to-Date > \$	Date (month, day, year) 10/15/96	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code KATE MISSETT 23-01 KNOLLWOOD DRIVE GILLETTE 82718 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation INFORMATION REQUESTED Aggregate Year-to-Date > \$	Date (month, day, year) 10/16/96	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code DENNIS KNIGHT 1912 E. CUSTER ST. LARAMIE WY 82070 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation INFORMATION REQUESTED Aggregate Year-to-Date > \$	Date (month, day, year) 10/16/96	Amount of Each Receipt this Period 300.00

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

2,050.00

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

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARRY LIPMAN 316 WALNUT ST. SAN FRANCISCO CA 94118	NATIONAL PUBLIC AFFAIRS & COMMUN		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	10/16/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATE MOSS 1626 FOXHALL RD. N.W. WASHINGTON DC 20007	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	10/16/96	
	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. ALAN EDWARDS 7354 DARTFORD DR. NO. 9. MCLEAN VA 22102	RURAL ELECTRIC ASSN.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REGULATORY ADVOCATE	10/16/96	
	Aggregate Year-to-Date > \$	500.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SARA HOPE SMITH 505 WILKES ST. ALEXANDRIA VA 22314	SPRINT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ASSISTANT VICE PRESIDENT	10/16/96	
	Aggregate Year-to-Date > \$	300.00	300.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEANE SHATZ 4243 LENORE LANE N.W. WASHINGTON 20008			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	10/17/96	
	Aggregate Year-to-Date > \$	650.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HENRY FORSTER HOTEL TEXAS, IGNACIO MARISCAL MEXICO 1 DF MX 99999			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED US CITIZEN	10/17/96	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAOMI FRANKLIN 3670 MILLCREEK ROAD SALT LAKE CITY 84109	UNIVERSITY OF UTAH		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BIOLOGIST	10/17/96	
	Aggregate Year-to-Date > \$	450.00	200.00
SUBTOTAL of Receipts This Page (optional).....			3,000.00
TOTAL This Period (last page this line number only).....			

SCHEDULE A

ITEMIZED RECEIPTS

Use separated schedule(s)
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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)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code JOHN MARTIN 3911 JONES BRIDGE RD. CHEVY CHASE MD 2815 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: PATTON BOGGS, L.L.P. Occupation ATTORNEY	Date (month, day, year) 10/17/96	Amount of Each Receipt this Period 250.00	
B. Full Name, Mailing Address and ZIP Code HAROLD ZIRKIN 6419 SHADOW RD. CHEVY CHASE MD 20815 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation	Date (month, day, year) 10/17/96	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code CAROL PENSKY 10100 LOGAN DRIVE POTOMAC 20854 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer BRITCHES INC. Occupation EXEC.	Date (month, day, year) 10/17/96	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code JOHN WHITE 811 ASTER BLVD. ROCKVILLE MD 20850 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation RETIRED	Date (month, day, year) 10/17/96	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code JAMES DEFRANCIA 208 CORNWALL ST. N.W. LEESBURG VA 22075 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer BARTLEY M. O'HARA Occupation ATTORNEY	Date (month, day, year) 10/17/96	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code CHARLES MANATT 1501 M ST. NW SUITE 700 WASHINGTON DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation	Date (month, day, year) 10/17/96	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code LUCIA GILLILAND 2422 TRACY PLACE NW WASHINGTON DC 20008 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation	Date (month, day, year) 10/17/96	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... 1,750.00

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

96020304221

COO316851

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

CO0316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SARA GARLAND 137 13TH STREET, N.E. WASHINGTON 20851	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	10/17/96	
	Aggregate Year-to-Date > \$	400.00	150.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT KEEFE 420 7TH ST. N.W. WASHINGTON DC 20004	KEEFE CO.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	10/17/96	
	Aggregate Year-to-Date > \$	250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRENCE OCONNELL 6704 CONNECTICUT AVE. CHEVY CHASE MD 20815	DAVIS OCONNELL		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESSMAN	10/17/96	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY EVA CANDON 2122 CALIFORNIA ST. NW WASHINGTON DC 20008	BRADY & BERLINER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR OF GOV'T & INTERNATIONAL	10/17/96	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOROTHY WALSH 2725 CONNECTICUT AVE. N.W. WASHINGTON DC 20008	AMERITCH		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FEDERAL RELATIONS DIRECTOR	10/17/96	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTHUR OBERMAYER 239 CHESTNUT STREET WEST NEWTON MA 02165	MOLECULON RESEARCH CO.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS EXECUTIVE	10/17/96	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GORDON WOZNIAC 141 PARKSIDE DRIVE BERKELEY 94705	LAWRENCE BERKELEY LABORATORY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SCIENTIST	10/17/96	
	Aggregate Year-to-Date > \$	400.00	200.00

SUBTOTAL of Receipts This Page (optional)..... 1,600.00

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

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code DAVID YOUNG 199 E. 6850 SOUTH MIDVALE UT 84047 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer WY. DEPT OF TRANSPORTATION Occupation PLANNER Date (month, day, year) 10/17/96 Aggregate Year-to-Date > \$ 1,010.00	Amount of Each Receipt this Period 10.00
B. Full Name, Mailing Address and ZIP Code PUEBLO OF SANTA ANA 2 DOVE RD. BERNALILLO NM 87004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation INDIAN TRIBE Date (month, day, year) 10/18/96 Aggregate Year-to-Date > \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code ANNETTE RACHLIN 4425 WESTOVER PL. N.W. WASHINGTON DC 20017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation INFORMATION REQUESTED Date (month, day, year) 10/18/96 Aggregate Year-to-Date > \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code HELEN PULOS 130 L STREET ROCK SPRINGS 82901 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation RETIRED Date (month, day, year) 10/18/96 Aggregate Year-to-Date > \$ 666.12	Amount of Each Receipt this Period 166.12
E. Full Name, Mailing Address and ZIP Code JOHN KOZA PO BOX K LOS ALTOS HILLS CA 94023 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer THIRD MILLENNIUM INC. Occupation PRESIDENT Date (month, day, year) 10/19/96 Aggregate Year-to-Date > \$ 1,000.00	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code STANLEY RESOR 809 WEED NEW CANAAN CT 06840 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation RETIRED LAWYER Date (month, day, year) 10/19/96 Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code KEITH BARTON 165 N. 5TH LARAMIE WY 82070 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer SELF Occupation COMPUTER CONSULTANT Date (month, day, year) 10/19/96 Aggregate Year-to-Date > \$ 250.00	Amount of Each Receipt this Period 250.00

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

3,926.12

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

96020304223

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHIRLEY KINGSTON 418 S. 12TH LARAMIE WY 82070	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/19/96	
	Aggregate Year-to-Date > \$	275.00	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
OLIVER PETERS 1718 BOSWELL DR. LARAMIE WY 82070	UNIVERSITY OF WYOMING		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation WYOMING	10/19/96	
	Aggregate Year-to-Date > \$	400.00	200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONA OBANNON 1455 PENNSYLVANIA AVE. #225 WASHINGTON 20004	O'BANNON & COMPANY		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	10/20/96	
	Aggregate Year-to-Date > \$	926.77	426.77
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN SUSSMAN 275 CENTRAL PARK WEST NEW YORK NY 10024			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFO REQUESTED	10/21/96	
	Aggregate Year-to-Date > \$	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JODI SCHWARTZ 200 E. 78TH ST. APT. 15D NEW YORK NY 10021			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/21/96	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN RIDMAN 200 E. 78TH ST. APT. 15D NEW YORK NY NY 10021			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MONEY MANAGER	10/21/96	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN THOMASES 929 PARK AVE. NEW YORK NY 10028	WILLKIE FARR		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/21/96	
	Aggregate Year-to-Date > \$	500.00	500.00

SUBTOTAL of Receipts This Page (optional)..... 2,226.77

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

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code LETITIA CHAMBERS 5851 POTOMAC AVE NW WASHINGTON DC 20016 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CHAMBERS ASSOCIATES INC. Occupation PRESIDENT	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 250.00	
B. Full Name, Mailing Address and ZIP Code PATRICIA KENNER 545 5TH AVENUE NEW YORK NY 10017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer CAMPUS COACH LINES Occupation EXECUTIVE	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code ROBERT BARRIE 4714 LINNEAN AVE., NW WASHINGTON DC 20008 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer O'CONNER & HANNAN Occupation ATTORNEY	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code CHARLES KLEIN 122 E. 42ND ST., 24TH FLOOR NEW YORK NY 10168 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer INVESTMENT COMPANY Occupation MANAGING DIRECTOR	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code CHARLES WALTER 147 SOLDIER CREEK RD. SHERIDAN WY 82801 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer SELF Occupation DOCTOR	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code DOROTHY FRITZ 2010 E. F ST., APT. 110 TORRINGTON WY 82240 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer RETIRED Occupation RETIRED	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code JOHN WINSOR 4300 CRANDALL CODY WY 82414 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer RETIRED Occupation RETIRED	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 1,000.00

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

4,100.00

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96020304225

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NAME OF COMMITTEE (in Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code DONALD GULLICKSON 219 CUSTER ST. LANDER WY 82520	Name of Employer LANDER MEDICAL CLINIC Occupation PHYSICIAN	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code FRANCES KONCILJA 1700 BROADWAY STE. 2050 DENVER CO 80290	Name of Employer Occupation ATTORNEY	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
C. Full Name, Mailing Address and ZIP Code W. F. PODLICH 19111 NORWOOD TR. IRVINE CA 92715	Name of Employer PACIFIC INVESTMENT Occupation INVESTMENT BANKER	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code EDGAR BRONFMAN JR. 375 PARK AVE. 5TH FLOOR NEW YORK NY 10152	Name of Employer JOSEPH SEGRAM & CO. Occupation CHAIRMAN	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code KATHARINE BOYCE 106 WEST ROSEMONT AVE. ALEXANDRIA 22301	Name of Employer PATTON, BOGG LLP Occupation ATTORNEY	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	250.00
F. Full Name, Mailing Address and ZIP Code LIZABETH NEWMAN 28 E. 70TH ST. NEW YORK NY 10021	Name of Employer Occupation INVESTOR	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code ELIZABETH ROHATYN 810 FIFTH AVE. NEW YORK NY 10021	Name of Employer Occupation HOUSEWIFE	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 4,250.00

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

96020304226

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DON COOK 518 S. WASHINGTON CASPER 82601	RETIRE	10/22/96	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	320.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEANNETTE PARKER 1621 CUSTER STREET LARAMIE 82070	RETIRE	10/22/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	600.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. PRESTON WILLIAMS P.O. BOX 159 ELK MOUNTAIN 82324	SELF-EMPLOYED	10/22/96	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	450.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MATT KARPAN 3211 PERIMETER DRIVE LAKE WORTH 33467	RETIRE	10/22/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	525.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY SADLER 2311 LEE LANE CASPER 82604	RETIRE	10/22/96	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	510.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH COFFEY, JR. 2 BALA PLAZA STE 718 CITY & DE BALA CYNWYD PA 19004	INFO REQUESTED	10/22/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
MACHANTUCKET PEQUOT TRIBAL NATION P.O. BOX 3008 MASHANTUCKET CT 06339	NATIVE AMERICAN TRIBE	10/22/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	

SUBTOTAL of Receipts This Page (optional)..... 2,550.00

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DW BLOOMQUIST 40 CAMBRIDGE AVE. DENVER NJ 07834	GENERAL CHEMICAL CORP.	10/22/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT/SODA ASH	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELLEN CHESLER ONE WEST 72ND ST. APT. 25 NEW YORK NY 123	TWENTITH CENTURY	10/22/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation WRITER/CONSULTANT	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES GILLILAND ONE COMMERCE SQUARE SUITE 1700 MEMPHIS N 38103	GENERAL COM.	10/22/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. KIRK O'DONNELL 907 MASSACHUSETTS AVE. NE WASHINGTON DC 20002	INFORMATION REQUESTED	10/22/96	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R.M. PASSINO 15 JONATHAN SMITH RD. MORRISTOWN NJ 07960	GENERAL CHEMICAL CORP.	10/22/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT/CFO	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHERYL WILKINSON 2 ORCHARD DR. RANDOLPH NJ 07869	GENERAL CHEMICAL CORP.	10/22/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT-MANUFACTURING	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHIRLEY ROSSETTI 105 FALMOUTH RD W. ARLINGTON MA 02174	RETIRED	10/22/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300.00	
SUBTOTAL of Receipts This Page (optional).....			3,900.00
TOTAL This Period (last page this line number only).....			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEBORAH HARDY 2450 PARK AVE. LARAMIE WY 82070	Occupation RETIRED	10/23/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
BURTON MULLER 508 SOUTH 19TH STREET LARAMIE 82070	Occupation RETIRED	10/23/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LUCIE OSBORN 2815 IRON MT. RD. CHEYENNE 82009	Occupation	10/23/96	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	205.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEE RIDDELL PO BOX 2962 JACKSON WY 83001	RIDDELL ADVERTISING & DESIGN Occupation ADVERTISING & DESIGN	10/23/96	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	225.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN FERRY 2824 COLIMA DR. ROCK SPRINGS 82901	MEMORIAL HOSPITAL SWEETWATER CTY. Occupation HOSPITAL ADM.	10/23/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLETT SCARPELLI 1017 BIG HORN RIVERTON 82501	Occupation RETIRED	10/23/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	550.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PENNY JACKMAN 1810 HERCULES DRIVE COLORADO SPRINGS 80906	PIKES PEAK COMMUNITY COLLEGE Occupation PROFESSOR	10/23/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	300.00	

SUBTOTAL of Receipts This Page (optional)..... 575.00

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

96020304229

SCHEDULE A

ITEMIZED RECEIPTS

 Use separated schedule(s)
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code DEBORAH HARDY 2450 PARK AVE. LARAMIE 82070 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code ALAN MINIER 8907 COWPOKE RD CHEYENNE 82009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ROTTOERBER, APPEL, POWERS & JOHNSON Occupation ATTORNEY Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code MILDRED SWAN 3421 CAPITOL CHEYENNE 82001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code CYNTHIA POMEROY 1940 CHESHIRE CHEYENNE WY 82001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer FIRST AMERICAN TITLE CO. Occupation PRESIDENT Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 200.00
E. Full Name, Mailing Address and ZIP Code TENO RONCALIO 3024 CAPITOL AVENUE CHEYENNE 82001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 210.00	Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 200.00
F. Full Name, Mailing Address and ZIP Code MARY MOORE 8907 COWPOKE RD. CHEYENNE WY 82009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation ARTIST Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code WILLIAM BAGLEY 1107 W. 6TH AVE. CHEYENNE WY 82001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation ATTORNEY Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... 1,050.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code SANDRA SURBRUGG 7409 EVERS CHEYENNE WY 82009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer CHEYENNE SKIN CLINIC Occupation M.D. Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code CAROL WATSON 900 PONDEROSA RD. CHEYENNE WY 82009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer LAMP LOUNGE Occupation OWNER Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code JANET WHITEHEAD 208 FERGUSON CHEYENNE WY 82009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer SELF Occupation BEAUTY CONSULTANT Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code PAUL HICKEY 4000 BENT AVE. CHEYENNE WY 82001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer HICKEY, MACKAY, WANS, WALKER & STEWART Occupation ATTORNEY Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code BRENT COHEN 2445 S. JACKSON ST. DENVER CO 80210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer ROTHGERBER, APPEL ETC. Occupation ATTORNEY Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code RICHARD FREDERICK 204 CODY ST. CHEYENNE WY 82009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code BETTY JO BEARDSLEY 814 HILLCREST RD. CHEYENNE WY 82001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer WYOMING PUBLIC EMPLOYEES Occupation ADMINISTATIVE ASST. Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... 700.00

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

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD DAVIS 1740 S. MOUNTAIN VIEW DR. SHERIDAN WY 82801	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/23/96	
	Aggregate Year-to-Date > \$	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN GABRIELI 136 PETER COUTTS CIRCLE STANFORD CA 94305	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESSMAN	10/23/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELMER GABRIELI 75 CAMBRIDGE PARKWAY 6PH CAMBRIDGE MA 02142			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	10/23/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HILARY BACON GABRIELI 8 LOUISBURG SQUARE BOSTON MA 02108			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	10/23/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LILLA GABRIELI 75 CAMBRIDGE PARKWAY 6PH CAMBRIDGE MA 02142			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	10/23/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRIS GABRIELI 8 LOUISBURG SQUARE BOSTON MA 02108	BESSEMER VENTURE PARTNERS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXC.	10/23/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROGER ALTMAN 15 E. 92ND ST. NEW YORK NY 10128	EVERCORE PARTNERS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTMENT BANKER	10/23/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 6,500.00

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

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DIANA BEATTIE 1136 5TH AVE. #7-B NEW YORK NY 10128	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FUNDRAISER/PLANNER	10/23/96	
	Aggregate Year-to-Date > \$	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANNE BICK EHRENKRANZ 4 EAST 72ND ST. NEW YORK NY 10021			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFORMATION REQUESTED	10/23/96	
	Aggregate Year-to-Date > \$	250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CROW TRIBE P.O. BOX 159 CROW AGENCY MT 59022			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NATIVE AMERICAN TRIBE	10/23/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROSCOE PILE 10495 WEST 17TH AVE. LAKEWOOD CO 80215			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED JUDGE	10/23/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RANDI STEINBERGER 900 N. MICHIGAN CHICAGO IL 60611	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation STONE MOUNTAIN ENTERTAINMENT	10/23/96	
	Aggregate Year-to-Date > \$	750.00	750.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KRISTINA KIEHL 2275 SUMMIT DR. HILLSBOROUGH CA 94010	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FILMMAKER/MOTHER	10/24/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT FRIEDMAN 2275 SUMMIT DR. HILLSBOROUGH CA 94010			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	10/24/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
SUBTOTAL of Receipts This Page (optional).....			5,500.00
TOTAL This Period (last page this line number only).....			

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CASH PUBLIC LANDS FORUM-ROCK SPRING CASPER 82001	TGIF RECEPTION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANONYMOUS	10/24/96	
	Aggregate Year-to-Date > \$	232.00	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOUISE RYCKMAN 625 HACKBERRY GREEN RIVER 82935	SWEETWATER SCHOOL DIST. #2		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TEACHER	10/24/96	
	Aggregate Year-to-Date > \$	350.00	200.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN SCHUMACHER 396 WOOD STREET LANDER 82520			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	10/24/96	
	Aggregate Year-to-Date > \$	800.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SARAH DOLLL BOX 90 LANDER 82520			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/24/96	
	Aggregate Year-to-Date > \$	250.00	200.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CATHERINE FOX 422 W. 26TH ST. CHEYENNE WY 82001	DAVIS AND CANNON		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/24/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL SCHILLING 700 S. 18TH LARAMIE WY 82070	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/24/96	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEROME KOHLBERG JR. CROW HILL RD. MT. KISCO NY 10549	KOHLBERG & CO.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXC.	10/24/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00

SUBTOTAL of Receipts This Page (optional)..... 3,200.00

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

96020304234

SCHEDULE A

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

CO0316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY KOHLBERG CROW HILL RD. MT. KISCO NY 10549			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFORMATION REQUESTED	10/24/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN VEHAR 1024 SUMMIT EVANSTON WY 82930	VEHAR LAW FIRM		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/24/96	
	Aggregate Year-to-Date > \$	250.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EMILY FORESTER BOX 4352 MIDDLETOWN CT 06457			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFORMATION REQUESTED	10/25/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLENE SEDAR 1455 S ASH CASPER WY 82601			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFORMATION REQUESTED	10/25/96	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT ROSE JR. P.O. BOX 1006 CHEYENNE WY 82003			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED ATTORNEY	10/25/96	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT ROSE III P.O. BOX 1006 CHEYENNE WY 82003	SPENCE, MORAITY, & SHUSTER		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/25/96	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES APPLIGATE P.O. BOX 612 CHEYENNE 82003	HIRST & APPLIGATE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/25/96	
	Aggregate Year-to-Date > \$	350.00	100.00

SUBTOTAL of Receipts This Page (optional)..... 3,100.00

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

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code LOUISE RAIMONDI 3105 IRON MOUNTAIN RD CHEYENNE 82009		Name of Employer SELF-EMPLOYED	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ACCOUNTANT	Aggregate Year-to-Date > \$ 350.00	100.00
B. Full Name, Mailing Address and ZIP Code ROY JACOBSON, JR. P.O. BOX 30501 JACKSON WY 83001		Name of Employer SPENCE, MORIARTY & SCHUSTER	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 250.00	250.00
C. Full Name, Mailing Address and ZIP Code HELEN HORN 5975 MARSHFIELD RD. NEW MARSHFIELD OH 45766		Name of Employer	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation INFORMATION REQUESTED	Aggregate Year-to-Date > \$ 250.00	250.00
D. Full Name, Mailing Address and ZIP Code ALAN MINIER 8907 COWPOKE RD CHEYENNE 82009		Name of Employer ROTTOERBER, APPEL, POWERS & JOHSON	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation ATTORNEY	Aggregate Year-to-Date > \$ 1,000.00	400.00
E. Full Name, Mailing Address and ZIP Code SIBYL WIANCKO P.O. BOX 459 TETON VILLAGE WY 83025		Name of Employer	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RETIRED	Aggregate Year-to-Date > \$ 500.00	500.00
F. Full Name, Mailing Address and ZIP Code MARY SALATO 218 3RD AVE. E. ALBIA 52531		Name of Employer	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RETIRED	Aggregate Year-to-Date > \$ 400.00	200.00
G. Full Name, Mailing Address and ZIP Code WINIFRED HICKEY P.O. BOX 1932 CHEYENNE 82003		Name of Employer	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation RETIRED	Aggregate Year-to-Date > \$ 310.00	100.00

SUBTOTAL of Receipts This Page (optional)..... 1,800.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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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)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRED RADOSEVICH PO BOX 36 ROCK SPRINGS 82901	WESTERN WYOMING OIL		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	10/27/96	
	Aggregate Year-to-Date > \$	1,500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROWENA HECKERT 10769 PORTUGEE PHILLIPS RD. CHEYENNE 82009	STATE OF WYOMING		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/28/96	
	Aggregate Year-to-Date > \$	2,000.00	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LYNN SIMONS BOX 185 CHEYENNE 82003	U.S. GOVT.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REGIONAL SEC. DEPT. OF EDUCATION	10/28/96	
	Aggregate Year-to-Date > \$	1,500.00	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN STERN 39 PARK RD. SCARSDALE NY 10583			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFORMATION REQUESTED	10/28/96	
	Aggregate Year-to-Date > \$	250.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOWELL STANLEY 6330 NEWTOWN RD. NORFOLK VA 23541	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/28/96	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CASH 560 COLLEGE DR. POWELL WY 82001	TGIF RECEPTION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANONYMOUS	10/28/96	
	Aggregate Year-to-Date > \$	247.00	15.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R.L. GATES BOX 2842 CASPER WY 82601			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/28/96	
	Aggregate Year-to-Date > \$	300.00	100.00

SUBTOTAL of Receipts This Page (optional)..... 1,915.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ATTILIO BEDONT PO BOX 927 CHEYENNE 82003	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHARTERED LIFE UNDERWRITER	10/28/96	
	Aggregate Year-to-Date > \$	950.00	200.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMY UNFRIED 76 PARK AVE. BRONXVILLE 10708	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SCULPTOR	10/28/96	
	Aggregate Year-to-Date > \$	699.00	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES FITZGERALD 1082 ALTA VISTA LARAMIE 82070	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/28/96	
	Aggregate Year-to-Date > \$	700.00	200.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WADE BYRD P.O. BOX DRAWER 2707 FAYETTEVILLE NC 28302	WADE E. BYRD LAW OFFICES		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/28/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARTHUR SILVERMAN 11020 PINEY MEETING HOUSE RD. POTOMAC MD 20854	DUTKO GROUP		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/28/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEITH BECKER OWL CREEK RT. THERMOPOLIS WY 82449			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFORMATION REQUESTED	10/28/96	
	Aggregate Year-to-Date > \$	300.00	300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOEL VINCENT 510 WESTCHESTER CIRCLE RIVERTON WY 82501	VINCENT & VINCENT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/28/96	
	Aggregate Year-to-Date > \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)..... 3,450.00

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

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRENT COHEN 2445 S. JACKSON ST. DENVER 80210	ROTHGERBER, APPEL ETC.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/28/96	
	Aggregate Year-to-Date > \$	450.00	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN COLLINS 267 NORTH STREET BUFFALO 14201	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/28/96	
	Aggregate Year-to-Date > \$	575.00	75.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL WARDELL P.O. BOX 7773 JACKSON WY 83001	REAL ESTATE OF JACKSON HOLE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REALTOR	10/28/96	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN POWERS P.O. BOX 726 RIFLE CO 81650	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RANCHER	10/28/96	
	Aggregate Year-to-Date > \$	500.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MELISSA FORD 101 CENTRAL PARK WEST APT. 14F NEW YORK NY 10023	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SCREENWRITER/PRODUCER	10/28/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WENDY ROCKEFELLER GORDON 40 W. 20TH ST. NEW YORK NY 10011	MOTHERS AND OTHERS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ENVIRONMENTALIST	10/28/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD ROGEL 4411 LANDING DR. WEST BLOOMFIELD MI 48323			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	10/29/96	
	Aggregate Year-to-Date > \$	500.00	500.00

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

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

3,425.00

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NAME OF COMMITTEE (in Full)

Karpan for Wyoming

CO0316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VINCENT RYAN 745 ATLANTIC AVE. BOSTON MA 02111	SCHOONER CAPITAL CORPORATION		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIRMAN	10/29/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BOB ADAMS 114 S. FILLMORE LARAMIE 82070	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/29/96	
	Aggregate Year-to-Date > \$	350.00	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PERRY PAZER 20 VESEY STREET NEW YORK NY 10007	PAZER & EPSTEIN		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/29/96	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANK BOWRON 1220 S. CENTER CASPER 82601			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED ATTORNEY	10/29/96	
	Aggregate Year-to-Date > \$	600.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOSEA BASKIN 11 KENSINGTON AVE. NORTHAMPTON MA 01060	SELF-EMPLOYED		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RARE BOOK DEALER	10/29/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN JOANNOU 709 COURT STREET POSTSMOUTH VA 23704	JOANNOU, KNOWLES & CLARK		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/29/96	
	Aggregate Year-to-Date > \$	333.33	333.33
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. THOMAS KNOWLES 709 COURT STREET PORTSMOUTH VA 23704	JOANNOU, KNOWLES & CLARK		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	10/29/96	
	Aggregate Year-to-Date > \$	333.34	333.34

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

3,266.67

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

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code STAN D. CLARK 709 COURT STREET PORTSMOUTH VA 23704 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer JOANNOU, KNOWLES & CLARK Occupation ATTORNEY	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 333.33	
B. Full Name, Mailing Address and ZIP Code LEW BAGBY 953 N. 9TH LARAMIE 82070 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer UNIVERSITY OF WY. Occupation PROFESSOR	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code DAVE DUNHAM BOX 1764 WORLAND 82401 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer SELF Occupation SILVERTIP PUMPING AND CONSULTING	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code STEVEN RATTNER 30 ROCKEFELLER PLAZA NEW YORK NY 10026 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer LAZARD FRERES & CO. LLC Occupation INVESTMENT BANKER	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code THOMAS OHARA 8416 BROOK RD. MCLEAN VA 22102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer THOMAS G. O'HARA, CLU Occupation VICE PRESIDENT	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code RALPH SCHLOSSTEIN 444 MADISON AVE. NEW YORK NY 10022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer G7 GROUP Occupation CEO	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code STEPHEN DURKOVICH 1737 LAGAYETTE DR. NE ALBUQUERQUE NM 87106 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer DURKOVICH, MARTINEZ & SALAZAR Occupation ATTORNEY	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 1,000.00

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

4,683.33

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

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER STORER P.O. BOX 1270 SARATOGA WY 82331	RETIRE	10/30/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK GRYNBERG 5000 SOUTH QUEBEC ST. STE.500 DENVER CO 80237	GRYNBERG PETROLEUM CO.	10/30/96	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER/BUSINESSMAN Aggregate Year-to-Date > \$	300.00	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH RODA 36 E KING ST. LANCASTER PA 17602	RODA & NAST, P.C.	10/31/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARIKO MILLER 111 W. 14TH ST. CASPER 82601	SELF-EMPLOYED	10/31/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AUTHOR Aggregate Year-to-Date > \$	700.00	500.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. RUSSELL SMITH 503 SOCIETY BLDG. AKRON OH 44308	LAYBOURNE, SMITH, GORE & GOLDSMITH	10/31/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID FREUDENTHAL PO BOX 387 CHEYENNE WY 82003	U.S. ATTORNEY'S OFFICE	11/01/96	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY Aggregate Year-to-Date > \$	900.00	400.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH LIPPER 101 PARK AVE. NEW YORK NY 10178	LIPPER & COMPANY	11/01/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTMENT BANKING/AUTHOR Aggregate Year-to-Date > \$	1,000.00	1,000.00

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

3,700.00

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

96020304242

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NAME OF COMMITTEE (in Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code JEAN FEINBERG 2356 PARK AVE. # 12 CINCINNATI OH 45206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CINCINNATI ART MUSEUM Occupation CURATOR	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 1,000.00	
B. Full Name, Mailing Address and ZIP Code CAROL SOFFER 19500 TURNSBERRY WAY 10-C AVENTURA FL 33180 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer SELF-EMPLOYED Occupation INVESTOR	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code WILLIAM HAMBRECHT ONE BUSH ST. 18TH FLOOR SAN FRANCISCO CA 94104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation INFORMATION REQUESTED	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code SARAH HAMBRECHT ONE BUSH ST., 18TH FLOOR SAN FRANCISCO CA 94104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation INFORMATION REQUESTED	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code GLEN GORMAN P.O. BOX 697 GUERNSEY WY 82214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer SELF-EMPLOYED Occupation BUSINESSMAN	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code MARIANNE NORTH 841 W. 21ST CASPER 82601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer CASPER COLLEGE Occupation INSTRUCTOR	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code JON BRADY 1808 S. WALNUT CASPER 82601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer CASPER COLLEGE Occupation INSTRUCTOR	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... 4,550.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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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)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DON COOK 518 S. WASHINGTON CASPER 82601	RETIREED	11/02/96	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	520.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOAN ASICH 4171 STAFFORD COURT CASPER 82609	Occupation	11/02/96	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DERREL CARRUTH P.O. BOX 1831 CASPER WY 82602	USDA STATE DIRECTOR	11/02/96	20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	280.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHIRLEY RUSSELL 151 VALLEY DRIVE CASPER 82604	Occupation	11/02/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	235.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CASH 1700 WEST LINCOLNWAY CHEYENNE WY 82001	TGIF RECEPTION ANONYMOUS	11/02/96	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	297.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANE TAYLOR P.O. BOX 101 DOUGLAS WY 82633	Occupation	11/02/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRY MACKEY P.O. BOX 467 CHEYENNE WY 82003	ATTORNEY	11/02/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	250.00	

SUBTOTAL of Receipts This Page (optional)..... 1,070.00

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

96020304244

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
11a

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

NAME OF COMMITTEE (In Full)

Karpan for Wyoming

CO0316851

A. Full Name, Mailing Address and ZIP Code JUAN DEHERRERA P.O. BOX 71 RAWLINS 82301 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation ATTORNEY Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/04/96	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code JORG SHELLMAN 50 GREENE NEW YORK NY 10013 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SHELLMANN'S Occupation GALLERY DIRECTOR Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/05/96	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code SAMUEL PISAR 870 FIFTH AVE. NEW YORK NY 10021 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation ATTORNEY Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/05/96	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code HARRY CONGER 801 PENNSYLVANIA AVE. N.W. WASHINGTON DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/05/96	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code ROBERT WORTH 1220 PARK AVENUE NEW YORK NY 10128 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/05/96	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code ALVIN TRENK 44 ASPEN DRIVE LIVINGSTON NJ 07039 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF-EMPLOYED Occupation SELF Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 11/06/96	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code DERREL CARRUTH P.O. BOX 1831 CASPER 82602 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer USDA Occupation STATE DIRECTOR Aggregate Year-to-Date > \$ 340.00	Date (month, day, year) 11/07/96	Amount of Each Receipt this Period 60.00

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

4,310.00

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

96020304245

96020304245

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code FELIX BUCHENROTH, JR P.O. BOX 94 WILSON 83014 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
		RETIRE	11/13/96
Aggregate Year-to-Date > \$		632.00	
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional).....	132.00
TOTAL This Period (last page this line number only).....	146,741.72

96020304246

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11b

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)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code TETON COUNTY DEMOCRATIC COMMITTEE BOX 232 WILSON WY 83014	Name of Employer Occupation	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	100.00	100.00
B. Full Name, Mailing Address and ZIP Code DEMOCRATIC STATE CENTRAL COMM OF CA 911 20TH STREET SUITE 100 SACRAMENTO CA 95814	Name of Employer Occupation	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code IDAHO STATE DEMOCRATIC PARTY P.O. BOX 445 BOISE ID 82701	Name of Employer Occupation	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code MISSOURI STATE DEMOCRATIC COMMITTEE P.O. BOX 719 JEFFERSON CITY MO 65102	Name of Employer Occupation	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code VERMONT DEMOCRATIC PARTY 125 SAINT PAUL ST. BURLINGTON VT 05401	Name of Employer Occupation	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	5,000.00	5,000.00
F. Full Name, Mailing Address and ZIP Code CARBON CTY DEMOCRATIC CENTRAL COMM RAWLINS WY 82301	Name of Employer Occupation	Date (month, day, year) 11/06/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	140.00	140.00
G. Full Name, Mailing Address and ZIP Code CAMPBELL CTY CENTRAL COMMITTEE GILLETTE WY	Name of Employer Occupation	Date (month, day, year) 11/06/96	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	IN-KIND Aggregate Year-to-Date > \$	175.27	175.27

SUBTOTAL of Receipts This Page (optional).....	8,415.27
TOTAL This Period (last page this line number only).....	8,415.27

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96020304247

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 11
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAT'L EDUCATION ASSN. PAC 1201 16TH ST. NW WASHINGTON DC 20036	Occupation	10/01/96	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	5,000.00	5,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAN FEDERATION OF TEACHERS, COP 555 NEW JERSEY AVE., NW WASHINGTON DC 20001	Occupation	10/01/96	2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,500.00	2,500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMALGAMATED TRANSIT UNION COPE ACCT 5025 WISCONSIN AVE. NW WASHINGTON DC 20016	Occupation	10/01/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JIM WATLER CORP. - PAC PO BOX 31075 TAMPA FL 33631	Occupation	10/02/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MCA/POLITICAL ACTION COMMITTEE 100 UNIVERSAL CITY PLAZA UNIVERSAL CITY CA 91608	Occupation	10/02/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TRANSPORTATION TRADES DEPT. AFL-CIO 400 NORTH CAPITOL ST., N.W. WASHINGTON DC 20001	Occupation	10/02/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLO-SUN PAC 555 13TH ST., NW STE 305E WASHINGTON DC 20004	Occupation	10/02/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00

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

11,000.00

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

96020304248

SCHEDULE A

ITEMIZED RECEIPTS

Use separated schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code

AMERICAN POSTAL WORKERS UNION AFL-CO
1300 L STREE N.W.
WASHINGTON DC 20005

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)

10/03/96

Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$ 1,000.00

1,000.00

B. Full Name, Mailing Address and ZIP Code

DRIVE POLITICAL FUND
25 LOUISIANA AVE, N.W.
WASHINGTON DC 20001

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)

10/03/96

Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$ 10,000.00

5,000.00

C. Full Name, Mailing Address and ZIP Code

CARPENTERS' LEGISLATIVE IMPRO. COM.
101 CONSTITUTION AVE. N.W.
WASHINGTON DC 20001

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)

10/03/96

Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$ 10,000.00

5,000.00

D. Full Name, Mailing Address and ZIP Code

ILLINOIS TOOL WORKS FOR BETTER GOVT
3600 W. LAKE AVE.
GLENVIEW IL 60025

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)

10/07/96

Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$ 250.00

250.00

E. Full Name, Mailing Address and ZIP Code

MARYLAND ASSN. OF CONCERNED CITIZEN
P.O. BOX 32196
PIKESVILLE MD 21208

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)

10/07/96

Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$ 1,000.00

1,000.00

F. Full Name, Mailing Address and ZIP Code

COMMUNICATION WORKERS OF AMERICA
501 3RD ST., NW
WASHINGTON DC 20001

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)

10/07/96

Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$ 10,000.00

5,000.00

G. Full Name, Mailing Address and ZIP Code

NEW DEMOCRAT NETWORK
P.O. BOX 15448
WASHINGTON DC 20003

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Date (month,
day, year)

10/07/96

Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$ 500.00

500.00

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

17,750.00

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

96020304249

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code UNITED MINE WORKERS OF AMERICA 900 15TH STREET, NW WASHINGTON DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation 10/07/96	Date (month, day, year) 10/07/96	Amount of Each Receipt this Period 5,000.00
B. Full Name, Mailing Address and ZIP Code NORTHWEST AIRLINES POL ACT CO 5101 NORTHWEST DRIVE ST. PAUL MN 55111 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation 10/08/96	Date (month, day, year) 10/08/96	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code INTERNATIONAL LONGSHOREMENS ASSC. 17 BATTERY PLACE NEW YORK NY 10004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation 10/08/96	Date (month, day, year) 10/08/96	Amount of Each Receipt this Period 1,500.00
D. Full Name, Mailing Address and ZIP Code RESPONSIBLE CITIZENS POLITICAL LEAG 3 RESEARCH PLACE ROCKVILLE MD 20850 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation 10/09/96	Date (month, day, year) 10/09/96	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code KIDSPAC INC. 80 TROWBRIDGE ST. CAMBRIDGE MA 02138 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation 10/10/96	Date (month, day, year) 10/10/96	Amount of Each Receipt this Period 2,500.00
F. Full Name, Mailing Address and ZIP Code LABORERS' POLITICAL LEAGUE 905 16TH ST. NW WASHINGTON 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation 10/10/96	Date (month, day, year) 10/10/96	Amount of Each Receipt this Period 5,000.00
G. Full Name, Mailing Address and ZIP Code UNITED AUTOMOBILE, AEROSPACE & AGRI 8000 E. JEFFERSON DETROIT MI 48214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation 10/11/96	Date (month, day, year) 10/11/96	Amount of Each Receipt this Period 5,000.00

SUBTOTAL of Receipts This Page (optional)..... 21,000.00
TOTAL This Period (last page this line number only).....

96020304250

96020304250

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code INTERNATIONAL ASSOC. OF FIRE FIGHTERS 1750 NEW YORK AVE, NW, WASHINGTON DC 20006		Name of Employer		Date (month, day, year) 10/15/96	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation			
B. Full Name, Mailing Address and ZIP Code FRIENDS OF CHRIS DODD PO BOX 331133 HARTFORD CT 06133		Name of Employer		Date (month, day, year) 10/15/96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation			
C. Full Name, Mailing Address and ZIP Code COMMITTEE ON LETTER CARRIERS POL. E. 100 INDIANA AVE., N.W. WASHINGTON DC 20001		Name of Employer		Date (month, day, year) 10/16/96	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation			
D. Full Name, Mailing Address and ZIP Code NATIONAL AIR TRAFFIC CONTROLLERS 1150 17TH STREET NW WASHINGTON DC 20036		Name of Employer		Date (month, day, year) 10/16/96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation			
E. Full Name, Mailing Address and ZIP Code AMERICAN FEDERATION OF TEACHERS, COP 555 NEW JERSEY AVE., NW WASHINGTON 20001		Name of Employer		Date (month, day, year) 10/16/96	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation			
F. Full Name, Mailing Address and ZIP Code TYSON PAC (TYSON FOODS, INC.) P.O. BOX 2020 SPRINGDALE AR 72765		Name of Employer		Date (month, day, year) 10/16/96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation			
G. Full Name, Mailing Address and ZIP Code COMMIT. ON LETTER CARRIERS POLITICA 100 INDIANA AVE., NW WASHINGTON DC 20001		Name of Employer		Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation			
		Aggregate Year-to-Date > \$			

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

20,500.00

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

96020304251

COO316851

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 11
FOR LINE NUMBER 11c

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)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code IRONWORKERS POLITICAL ACTION LEAGUE 1750 NEW YORK AVE, NW WASHINGTON DC 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 500.00
Aggregate Year-to-Date > \$ 500.00		500.00	
B. Full Name, Mailing Address and ZIP Code INT'L UNION OF OPERATING ENGINEERS 1125 SEVENTEENTH ST. NW WASHINGTON DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 1,000.00
Aggregate Year-to-Date > \$ 1,000.00		1,000.00	
C. Full Name, Mailing Address and ZIP Code APRO-PAC 6300 BRIDGEPOINT PKWY, STE 305 AUSTIN TX 78730 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 1,000.00
Aggregate Year-to-Date > \$ 1,000.00		1,000.00	
D. Full Name, Mailing Address and ZIP Code TRANSPORTATION TRADES DEPT., PAC 400 NORTH CAPITOL ST, STE 861 WASHINGTON DC 20001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 500.00
Aggregate Year-to-Date > \$ 1,000.00		500.00	
E. Full Name, Mailing Address and ZIP Code AMERICAN FEDERATION OF GOVT. EMPLOYE 80 F STREET, NW WASHINGTON DC 20001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 1,000.00
Aggregate Year-to-Date > \$ 1,000.00		1,000.00	
F. Full Name, Mailing Address and ZIP Code NATL COMMT TO PRESERVE SOC. SEC. & MED 2000 K STREET, N.W. STE 800 WASHINGTON DC 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 1,000.00
Aggregate Year-to-Date > \$ 2,000.00		1,000.00	
G. Full Name, Mailing Address and ZIP Code BAKERY CONFECTIONERY & TOBACCO WORK 10401 CONNECTICUT AVE. KENSINGTON MD 20895 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 1,000.00
Aggregate Year-to-Date > \$ 1,000.00		1,000.00	

SUBTOTAL of Receipts This Page (optional)..... 6,000.00

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

96020304252

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 11
FOR LINE NUMBER 11c

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)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code AMERICAN NURSES ASSN. PAC 600 MARYLAND AVE., S.W. STE.100 WASHINGTON DC 20024	Name of Employer Occupation	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code BELLSOUTH FED-PAC 1133-21ST. ST. N.W. WASHINGTON DC 20036	Name of Employer Occupation	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code MOTION PICTURE ASSN. OF AMERICA, 1600 EYE STREET, NORTHWEST WASHINGTON DC 20006	Name of Employer Occupation	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code EDISON INTERNATIONAL COMPANIES 2244 WALNUT GROVE ROSEMEAD CA 91770	Name of Employer Occupation	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code INT'L COUNCIL OF SHOPPING CENTERS 82001	Name of Employer Occupation	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code NAT'L ASSOC. RETIRED FEDERAL EMPLOY 1533 NEW HAMPSHIRE AVE., NW WASHINGTON DC 20036	Name of Employer Occupation	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 3,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3,000.00		
G. Full Name, Mailing Address and ZIP Code AMERICAN OCCUPATIONAL THERAPY ASSOC 4720 MONTGOMERY LANE BETHESDA MD 20824	Name of Employer Occupation	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		

SUBTOTAL of Receipts This Page (Total)..... 10,500.00

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

96020304253

96020304253

SCHEDULE A

ITEMIZED RECEIPTS

Use separated schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	7	11
	FOR LINE NUMBER 11c	

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)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TREASURY EMPLOYEES PAC 901 E. STREET N.W. SUITE 600 WASHINGTON DC 20004			
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	10/22/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAT. JEWISH DEMOCRATIC COUNCIL PAC 503 CAPITOL COURT NE STE 300 WASHINGTON DC 20002			
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	10/23/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
UNITED ASSOCIATION POLITICAL ED.COM 901 MASSACHUSETTS AVE. N.W. WASHINGTON 20001			
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	10/23/96	
	Aggregate Year-to-Date > \$	8,000.00	3,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
INT. BROTHERHOOD OF ELECTRICAL WORK 1125 15TH ST., NW WASHINGTON 20005			
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	10/24/96	
	Aggregate Year-to-Date > \$	10,000.00	5,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIME WARNER INC. PAC 75 ROCKEFELLER PLAZA NEW YORK NY 10019			
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	10/24/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN BREAUX SENATE COMMITTEE P.O. BOX 3526 LAFAYETTE LA 70502			
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	10/24/96	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LCI INTERNATIONAL PAC 4650 LAKEHURST ST. DUBLIN OH 43017			
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation	10/24/96	
	Aggregate Year-to-Date > \$	500.00	500.00
SUBTOTAL of Receipts This Page			12,500.00
TOTAL This Period (last page this line number only)			

96020304254

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 11
FOR LINE NUMBER 11C

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)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code SERVICE EMPLOYEES INTL. UNION COPE 1313 L STREET N.W. WASHINGTON 005		Name of Employer Occupation Aggregate Year-to-Date > \$ 4,000.00	Date (month, day, year) 10/24/96	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General				
B. Full Name, Mailing Address and ZIP Code FISHER SCIENTIFIC INTERNATIONAL INC LIBERTY LANE HAMPTON NH 038		Name of Employer Occupation Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 10/24/96	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General				
C. Full Name, Mailing Address and ZIP Code SIDLER & BERLIN PAC 3000 K ST. N.W. STE 300 WASHINGTON DC 20007		Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General				
D. Full Name, Mailing Address and ZIP Code DEMOCRATS ABROAD (UK) 12 UPPER BERKLEY LONDON W1H 7EP N 02108		Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General				
E. Full Name, Mailing Address and ZIP Code BRICKLAYERS & APPLIED CRAFTSMEN 815 FIFTEENTH STREET, N.W. WASHINGTON 20005		Name of Employer Occupation Aggregate Year-to-Date > \$ 6,000.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 4,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General				
F. Full Name, Mailing Address and ZIP Code NATIONAL PACIFIC GENERAL ACCOUNT 600 PENNSYLVANIA AVE. SE WASHINGTON DC 20003		Name of Employer Occupation Aggregate Year-to-Date > \$ 2,500.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 2,500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General				
G. Full Name, Mailing Address and ZIP Code UNITED STEELWORKERS OF AMERICA FIVE GATE WAY CENTER PITTSBURGH 15222		Name of Employer Occupation Aggregate Year-to-Date > \$ 7,500.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General				

SUBTOTAL of Receipts This Page (In Full).....

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

17,500.00

96020304255

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 11
FOR LINE NUMBER 11c

Any information copied from such Receipts for purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMERICAN HEALTH CARE ASSN. PAC 1201 L. STREET N.W. WASHINGTON DC 20005 Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/25/96	1,000.00
BANKAMERICA CORPORATION PAC P.O. BOX 3700 SAN FRANCISCO CA 94137 Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/26/96	2,000.00
TRAVELERS GROUP INC. 388 GREENWICH STREET NEW YORK NY 10014 Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/28/96	1,000.00
DEMOCRATIC CAMPAIGN DATE FUND 1310 19TH ST. N.W. WASHINGTON DC 20036 Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/28/96	500.00
KAMBER GROUP 1920 L STREET N.W. WASHINGTON DC 20036 Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/28/96	500.00
CITIZENS FOR SULLIVAN CHEYENNE WY 82001 Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/28/96	250.00
ASSOC. OF PROFESSIONAL FLIGHT ATTENDANTS 1004 W. EULESS EULESS TX 75001 Receipt For: <input type="checkbox"/> Other (specify) <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/28/96	250.00

SUBTOTAL of Receipts This Page

TOTAL This Period (last page this number only)

5,500.00

96020304256

96020304256

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 11
FOR LINE NUMBER 11c

Any information copied from such Report
purposes, other than using the name and

Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial
purposes of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Karpan for Wyom

CO0316851

A. Full Name, Mailing Address

NATL COMMT TO
2000 K STREET,
WASHINGTON

Receipt For:
☐ Other (speci

B. Full Name, Mailing Address

UNITE CAMPAIGN
1710 BROADWAY
NEW YORK NY 1

Receipt For:
☐ Other (speci

C. Full Name, Mailing Address

NEW DEMOCRAT
P.O. BOX 1544
WASHINGTON

Receipt For:
☐ Other (speci

D. Full Name, Mailing Address

SEAFARERS POL
5201 AUTH WAY
CAMP SPRINGS M

Receipt For:
☐ Other (speci

E. Full Name, Mailing Address

MOPAC
3200 BREWSTER
BLOOMFIELD MI

Receipt For:
☐ Other (speci

F. Full Name, Mailing Address

LEAHY FOR U.S.
P.O. BOX 53
BURLINGTON VT

Receipt For:
☐ Other (speci

G. Full Name, Mailing Address

SIMON FOR SEN
P.O. BOX 429
SALEM IL 6288

Receipt For:
☐ Other (speci

and ZIP Code

RESERVE SOC.SEC.&MED
SUITE 800
06

Primary ☒ General

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

10/28/96

1,000.00

Aggregate Year-to-Date > \$ 3,000.00

and ZIP Code

COMMITTEE

Primary ☒ General

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

10/29/96

1,500.00

Aggregate Year-to-Date > \$ 1,500.00

and ZIP Code

WORK

Primary ☒ General

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

10/29/96

57.00

Aggregate Year-to-Date > \$ 557.00

and ZIP Code

AL ACTIVITY

0746

Primary ☒ General

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

10/30/96

1,000.00

Aggregate Year-to-Date > \$ 1,000.00

and ZIP Code

22

Primary ☒ General

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

10/31/96

1,000.00

Aggregate Year-to-Date > \$ 1,000.00

and ZIP Code

NATOR COMMITTEE

02

Primary ☒ General

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

11/02/96

1,000.00

Aggregate Year-to-Date > \$ 1,000.00

and ZIP Code

INC.

Primary ☒ General

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Occupation

11/02/96

1,000.00

Aggregate Year-to-Date > \$ 1,000.00

SUBTOTAL of Receipts This Page

TOTAL This Period (last page this

ber only).....

6,557.00

96020304257

96020304257

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 11 OF 11
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LTV STEEL ACTION CITIZENSHIP CAMP 25 WEST PROSPERITY CLEVELAND OH 44115	Occupation	11/02/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY PELOSI CONGRESS ONE BUSH STREET STE 1100 SAN FRANCISCO CA 94104	Occupation	11/02/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COMMITTEE FOR A DEMOCRATIC MAJORITY 307 5TH ST. NW WASHINGTON DC 20002	Occupation	11/02/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	2,000.00	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BELLSOUTH FED-PAC 1133-21ST. ST. N.W. WASHINGTON DC 20036	Occupation	11/02/96	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,300.00	300.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NEWPAC 200 PARK AVE. 30TH FLOOR NEW YORK NY 10166	Occupation	11/02/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,000.00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IRONWORKERS POLITICAL ACTION LEAGUE 1750 NEW YORK AVE. NW WASHINGTON DC 20006	Occupation	11/02/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	1,500.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PEOPLE FOR PAUL HARRIS P.O. BOX 3662 SEATTLE WA 98111	Occupation	11/05/96	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	500.00	500.00

SUBTOTAL of Receipts This Page

5,300.00

TOTAL This Period (last page this line only)

134,107.00

96020304258

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 14

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)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COREY SNIPES 2720 DEMING BLVD. CHEYENNE WY 82001		Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			11/06/96	
B. Full Name, Mailing Address and ZIP Code		Aggregate Year-to-Date > \$		288.80
		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
C. Full Name, Mailing Address and ZIP Code		Aggregate Year-to-Date > \$		
		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
D. Full Name, Mailing Address and ZIP Code		Aggregate Year-to-Date > \$		
		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
E. Full Name, Mailing Address and ZIP Code		Aggregate Year-to-Date > \$		
		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
F. Full Name, Mailing Address and ZIP Code		Aggregate Year-to-Date > \$		
		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
G. Full Name, Mailing Address and ZIP Code		Aggregate Year-to-Date > \$		
		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
SUBTOTAL of Receipts This Page (optional).....				288.80
TOTAL This Period (last page this line number only).....				288.80

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96020304259

SCHEDULE A

ITEMIZED RECEIPTS

Use separated schedule(s)
for each category of the
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PAGE 1 OF 1
FOR LINE NUMBER 12

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code WOMEN'S COUNCIL FUND 430 S. CAPITOL STREET, S.E. WASHINGTON 20003		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	10/30/96	
		Aggregate Year-to-Date > \$ 39,039.75		
B. 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 > \$		
C. 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 > \$		
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).....	1,154.18
TOTAL This Period (last page this line number only).....	1,154.18

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ITEMIZED RECEIPTS
MEMO ENTRY
WOMEN'S COUNCIL-NEW YORK

Name/Address	Occupation	Date	Amount
ADELE FEINGERSH 8800 Belfast Rd. Potomac, MD 20854		10\30\96	\$12.50
KATHARINE COX 7706 Meadow Lane Chevy Chase, MD 20815		10\30\96	12.50
IRENE, HERZ 50 Orchard Drive. Ossining, NY 10562		10\30\96	17.50
CAMILLE KURTZ 2401 Calvert St., NW Washington, DC 20008	Director Legi-Slate Inc.	10\30\96	50.00
PATSY ROGERS 315 Fourth Street New Suffolk, NY 11956		10\30\96	50.00
JOANNA WEINBERG 40 Oakvale Ave. Berkley, CA 94705		10\30\96	25.00
EDGAR CHASE 9406 Michael Drive. Clinton, MD 20735		10\30\96	50.00
LILLANE CUMMINS 8612 Bluedale St. Alexandria, VA 22308		10\30\96	12.50
JUTTA HELM 1315 Riverview Drive. Macomb, IL 61455	Professor Western Illinois Un.	10\30\96	25.00
Subtotal.....			\$255.00

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AUDREY PERRI 8373 Camino Sur Cucamonga, CA 91730	Attorney	10\30\96	12.50
JACQUELYN WONG 311 w. 107 St. New York, NY 10025		10\30\96	30.00
LILLANE CUMMINS 8612 Bluedale St. Alexandria, VA 22308		10\30\96	12.50
BEVERLY JOHNSON 1244 Georgetown Ave. San Leandro, CA 94579		10\30\96	12.50
MARLON JEMMOTT 464 Riverside Drive New York, NY 10027		10\30\96	25.00
JOAN CHRISLER 116 Fifth Ave. W. Millford, CT 06460		10\30\96	25.00
DRIVE. LYNN NICHOLAS 50 Central Park West New York, NY 10023	Psychologist Self-employed	10\30\96	250.00
SANDRA ESKIN 1047 Woodlawn Iowa City, IA 52245	Homemaker	10\30\96	500.00
JOHN ESPE 23405 Humber Lane Edmonds, WA 98020		10\30\96	12.50

Subtotal.....\$880.00
Subtotal page one.....255.00
Mailing.....+ 19.18
TOTAL.....\$1,154.18

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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PAGE 1 OF 22
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JOHN KIRINCICH 2815 SNYDER CHEYENNE, WY	PAYROLL OCT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	1,820.94
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NADIA WHITE 1011 E. 22ND ST. CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	1,031.37
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
TRACI COLLINS 1717 SEYMOUR CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	711.15
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PAULA STARKS 1569 ANDOVER CHEYENNE, WY	OCT PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	503.10
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DUSTIN ROBERTS 2720 DEMING BLVD. CHEYENNE, WY	PAYROLL OCT. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	612.62
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COLE WHITE 752 PILOT BUTTE DR. ROCK SPRINGS, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	341.40
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JANEL SCHRADER 900 SOUTH MELROSE CASPER, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	343.40
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COREY SNIPES 2720 DEMING BLVD. CHEYENNE, WY	PAYROLL/OCT. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	3.19
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANK 2020 CAREY AVE. CHEYENNE, WY	941/3RD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	2,145.96

SUBTOTAL of Disbursements This Page (optional)

7,513.13

TOTAL This Period (last page this line number only)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANK 2020 CAREY AVE. CHEYENNE, WY	940/3RD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	181.85
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S. WEST 1005 WEST 17TH STREET DENVER, CO	IN-STATE TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	1,087.27
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COLORBURST SIGNS 3414 SNYDER AVE. CHEYENNE, WY	LARGE SIGNS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	1,054.20
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
TCI CABLEVISION 506 W. 17TH CHEYENNE, WY	RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	28.68
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
TOTAL RECALL 2462 WAYNOKA RD. COLORADO SPRINGS, CO	HARD DRIVE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	415.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PREFERRED MANAGEMENT P.O. BOX 5689 CHEYENNE, WY	OCT. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	929.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OUTLAW INN 1630 ELK ST. ROCK SPRINGS, WY	TRAVEL HOTEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	25.68
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CULLIGAN P.O. BOX 6209 CHEYENNE, WY	RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	19.14
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BALLOON FAMILY P.O. BOX 5642 CHEYENNE, WY	FOOTBALL BALLOON Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	250.00

SUBTOTAL of Disbursements This Page (optional)

3,990.82

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OASYS, INC P.O. BOX 1812 LARAMIE, WY	FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	225.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OASYS, INC P.O. BOX 1812 LARAMIE, WY	FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
HOME TELEPHONE CO. 608 EAST 26TH STREET CHEYENNE, WY	RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	76.25
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
GENE RUCKMAN 2720 DEMING BLVD. CHEYENNE, WY	TRAVEL MILEAGE/GAS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	96.50
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S. POSTMASTER CHEYENNE, MAIN CHEYENNE, WY	METER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
EDWARD MORIARITY P.O. BOX 548 JACKSON, WY	LETTER SENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/96	361.83
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MCSSR MEDIA CONSULTANTS SIX GRANT AVE. TAKOMA PARK, MD	TV/RADIO BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/03/96	43,252.80
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PAULA STARKS 1569 ANDOVER CHEYENNE, WY	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/96	163.49
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NADIA WHITE 1011 E. 22ND ST. CHEYENNE, WY	GAS/MILAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/96	228.00

SUBTOTAL of Disbursements This Page (optional)

45,903.87

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

CO0316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COREY SNIPES 2720 DEMING BLVD. CHEYENNE, WY	TRAVEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/96	285.00
B. Full Name, Mailing Address and ZIP Code PIONEER PRINTING 514 W. 19TH CHEYENNE, WY	REMITTANCE ENV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/96	650.48
C. Full Name, Mailing Address and ZIP Code WPAS/WNCS 1369 NORTH FOURTH STREET LARAMIE, WY	CLIPPING SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/96	66.00
D. Full Name, Mailing Address and ZIP Code WYOMING. COM LLC P.O. BOX 213 W. MAIN ST. RIVERTON, WY	RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/96	44.95
E. Full Name, Mailing Address and ZIP Code CAPITOL TOURS & TRAVEL 121 EAST 18TH STREET CHEYENNE, WY	TRAVEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/96	3,022.00
F. Full Name, Mailing Address and ZIP Code SKY HARBOR AIR SERVICE 3913 EVANS CHEYENNE, WY	TRAVEL JACKSON Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/96	2,623.69
G. Full Name, Mailing Address and ZIP Code WISE HODGDON GROUP 1560 WILSON BLVD. ARLINGTON, VA	FUNDRAISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/04/96	5,000.00
H. Full Name, Mailing Address and ZIP Code U.S. POSTMASTER CHEYENNE, MAIN CHEYENNE, WY	BULK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/96	726.00
I. Full Name, Mailing Address and ZIP Code TIM KENNY 2768 OLIVE DR. CHEYENNE, WY	STAPLER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/96	24.10

SUBTOTAL of Disbursements This Page (optional)

12,442.22

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ROBIN DINKELMAN 4412 EVERTON DR. CHEYENNE, WY	MEDIA/COMMERICAL/MAKE-UP Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/96	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
RAINBOW PHOTO & 1 HOUR 4014 CENTRAL AVE. CHEYENNE, WY	MEDIA/PHOTOS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/96	185.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MCSSR MEDIA CONSULTANTS SIX GRANT AVE. TAKOMA PARK, MD	TV/RADIO BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/11/96	25,442.26
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SAM'S CLUB 1948 DELL RANGE CHEYENNE, WY	OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	101.56
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
UNITED PARCEL SERVICES P.O. BOX 630016 DALLAS, TX	SHIPPING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	69.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KATY WHITE 211 2ND AVE. CHEYENNE, WY	REIMBURSEMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	135.39
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WESTLINK 7555 E. HAMPTON AVE. DENVER, CO	PAGER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	40.15
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WYOMING TRIBUNE-EAGLE 702 W. LINCOLNWAY CHEYENNE, WY	CANVASS/AD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	28.34
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KGWN-TV 2923 E. LINCOLNWAY CHEYENNE, WY	MEDIA/PRODUCTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	410.00

SUBTOTAL of Disbursements This Page (optional)

26,511.70

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

 Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PITNEY BOWES P.O. BOX 41067 NORFOLK, VA	METER/RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	159.08
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
XEROGRAPHIC EQUIPMENT SYSTEM 111 W. 17TH STREET CHEYENNE, WY	COPIER/RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	429.54
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COLE WHITE 752 PILOT BUTTE DR. ROCK SPRINGS, WY	REIMBURSEMENT/TRAVEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	151.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KARPAN & WHITE LAW OFFICE 5920 YELLOWSTONE RD. CHEYENNE, WY	REIMBURSEMENT/PHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	80.36
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MARGY WHITE 211 2ND AVE. CHEYENNE, WY	REIMBURSEMENT/TRAVEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	51.66
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KATHY KARPAN 410 W. 2ND AVE. CHEYENNE, WY	REIMBURSEMENT/TRAVEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	484.38
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ROBERT HARMAIA 1208 PRINCE ST. ALEXANDRIA, VA	REIMBURSEMENT/KEYS MADE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	15.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PAULA STARKS 1569 ANDOVER CHEYENNE, WY	REIMBURSEMENT/OFFICE SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	94.48
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LAKE RESEARCH INC. 1730 RHODE ISLAND AVE. N.W. WASHINGTON, DC	OPINION POLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/96	5,000.00

SUBTOTAL of Disbursements This Page (optional)

6,465.50

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JOHN KIRINCICH 2815 SNYDER CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	1,820.94
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NADIA WHITE 1011 E. 22ND ST. CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	1,031.37
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
TRACI COLLINS 1717 SEYMOUR CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	711.15
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PAULA STARKS 1569 ANDOVER CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	503.10
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COREY SNIPES 2720 DEMING BLVD. CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	617.38
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COLE WHITE 752 PILOT BUTTE DR. ROCK SPRINGS, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	341.40
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DUSTIN ROBERTS 2720 DEMING BLVD. CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	612.62
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JANEL SCHRADER 900 SOUTH MELROSE CASPER, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	343.40
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OASYS, INC P.O. BOX 1812 LARAMIE, WY	FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	1,000.00

SUBTOTAL of Disbursements This Page (optional)

6,981.36

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DUSTIN ROBERTS 2720 DEMING BLVD. CHEYENNE, WY	REIMBURSEMENT/TRAVEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	310.49
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FEDERAL EXPRESS 3622 EVANS CHEYENNE, WY	SHIPPING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	37.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COREY SNIPES 2720 DEMING BLVD. CHEYENNE, WY	REIMBURSEMENT/TRAVEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	83.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FEDERAL EXPRESS CORP. P.O. BOX 1140 ATTN: RICK ROGERS MEMPHIS, TN	TRAVEL/JKS/CASPER/WATERTOWN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/96	343.10
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COLORBURST SIGNS 3414 SNYDER AVE. CHEYENNE, WY	STENCILS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/96	262.50
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MCSSR MEDIA CONSULTANTS SIX GRANT AVE. TAKOMA PARK, MD	MEDIA BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/96	42,623.43
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
HELEN PULOS 130 L. STREET ROCK SPRINGS	INVITATION AD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/96	166.12
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LAKE RESEARCH INC. 1730 RHODE ISLAND AVE. N.W. WASHINGTON, DC	OPINION POLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/96	20,254.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WISE HODGDON GROUP 1560 WILSON BLVD. ARLINGTON, VA	FUNDRAISER/EXPENSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/96	3,343.44

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67,423.08

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SCHEDULE B

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code IZAACK WALTON LEAGUE 42051/2 FT. CASPER CASPER, WY	Purpose of Disbursement MISC. BUILDING RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year) 10/20/96	Amount of Each Disbursement This Period 50.00
B. Full Name, Mailing Address and ZIP Code DONA O'BANNON 1455 PENNSYLVANIA AVE. #225 WASHINGTON, DC	Purpose of Disbursement BREAKFAST PAARTY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year) 10/20/96	Amount of Each Disbursement This Period 426.77
C. Full Name, Mailing Address and ZIP Code U.S. POSTMASTER CHEYENNE, MAIN CHEYENNE, WY	Purpose of Disbursement METER REFILL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year) 10/21/96	Amount of Each Disbursement This Period 1,400.00
D. Full Name, Mailing Address and ZIP Code COREY SNIPES 2720 DEMING BLVD. CHEYENNE, WY	Purpose of Disbursement REIMBURSEMENT TRAVEL/FIELD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year) 10/22/96	Amount of Each Disbursement This Period 323.80
E. Full Name, Mailing Address and ZIP Code U.W. STUDENT PUBLICATION P.O. BOX 4238 RM 302 LARAMIE, WY	Purpose of Disbursement PRINT MEDIA/AD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year) 10/23/96	Amount of Each Disbursement This Period 91.44
F. Full Name, Mailing Address and ZIP Code KATHY KARPAN 410 W. 2ND AVE. CHEYENNE, WY	Purpose of Disbursement REIMBURSEMENT/TRAVEL/HOTEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year) 10/23/96	Amount of Each Disbursement This Period 282.00
G. Full Name, Mailing Address and ZIP Code NATRONA CO. DEMOCRATS 111 W. 2ND CASPER, WY	Purpose of Disbursement BOOTH RENTAL/BUSINESS EXPOSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year) 10/23/96	Amount of Each Disbursement This Period 100.00
H. Full Name, Mailing Address and ZIP Code FIRST BANK 2020 CAREY AVE. CHEYENNE, WY	Purpose of Disbursement PAYROLL TAX 941 4TH QUARTER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year) 10/23/96	Amount of Each Disbursement This Period 2,145.96
I. Full Name, Mailing Address and ZIP Code PHOEBE BOLLIN 3950 EAGLE DR. CASPER, WY	Purpose of Disbursement REIMBURSEMENT/PANCAKE BRKFST Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month day, year) 10/23/96	Amount of Each Disbursement This Period 226.32

SUBTOTAL of Disbursements This Page (optional)

5,046.29

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96020304271

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NAME OF COMMITTEE (in Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DUSTIN ROBERTS 2720 DEMING BLVD. CHEYENNE, WY	REIMBURSEMENT/TRAVEL/GAS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/96	307.20
B. Full Name, Mailing Address and ZIP Code MCSSR MEDIA CONSULTANTS SIX GRANT AVE. TAKOMA PARK, MD	MEDIA BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/96	60,000.00
C. Full Name, Mailing Address and ZIP Code COLE WHITE 752 PILOT BUTTE DR. ROCK SPRINGS, WY	REIMBURSEMENT/FIELD/SIGNS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/96	288.80
D. Full Name, Mailing Address and ZIP Code CASPER STAR TRIBUNE P.O. BOX 80 CASPER, WY	PRINT MEDIA/NEWSPAPER AD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/96	618.75
E. Full Name, Mailing Address and ZIP Code U.S. POSTMASTER CHEYENNE, MAIN CHEYENNE, WY	STAMPS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/96	24.80
F. Full Name, Mailing Address and ZIP Code JOE MCKEE 410 WEST 3RD AVE. CHEYENNE, WY	SUPPLIES FOR SIGNS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/96	28.54
G. Full Name, Mailing Address and ZIP Code WYOMING PRESS ASSOCIATION	PRINT MEDIA/NEWSPAPER AD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/96	1,340.28
H. Full Name, Mailing Address and ZIP Code CASPER STAR TRIBUNE P.O. BOX 80 CASPER, WY	PRINT MEDIA/ AD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/96	682.82
I. Full Name, Mailing Address and ZIP Code U.S. POSTMASTER CHEYENNE, MAIN CHEYENNE, WY	BULK/POSTCARDS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/96	1,136.86

SUBTOTAL of Disbursements This Page (optional)

64,428.05

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96020304272

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

CO0316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S. POSTMASTER CHEYENNE, MAIN CHEYENNE, WY	BULK/EVANSTON Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/96	83.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SIERRA HEALTH CLUB P.O. BOX 15645 LAS VEGAS, NV	TRAVEL/REID Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	725.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DAILY ROCKET MINER 215 D STREET ROCK SPRINGS, WY	PRINT MEDIA/AD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	571.20
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COLE WHITE 752 PILOT BUTTE DR. ROCK SPRINGS, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	341.40
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COREY SNIPES 2720 DEMING BLVD. CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	617.38
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COREY SNIPES 2720 DEMING BLVD. CHEYENNE, WY	REIMBURSEMENT/BUILDING RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	96.30
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S. WEST 1005 WEST 17TH STREET DENVER, CO	TELEPHONE/INSTATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	1,853.27
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CARROLL TRAVEL 201 MASSACHUSETTS AVE. N.E. WASHINGTON, D.C.	TRAVEL KK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	176.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SUE BRODSKY WASHINGTON, DC	TRAVEL/KK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	194.63

SUBTOTAL of Disbursements This Page (optional)

4,658.18

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96020304273

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
W. MILLAR & CO. 1335 14TH ST. N.W. WASHINGTON, D.C.	LUNCH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	322.85
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WYOMING DEPT. OF EMPLOYMENT P.O. BOX 2659 CASPER, WY	EMPLOYMENT TAX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	490.67
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT & T P.O. BOX 78225 PHOENIX, AZ	PHONE BILL 888 # Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	28.08
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JOHN KIRINCICH 2815 SNYDER CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	1,820.94
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NADIA WHITE 1011 E. 22ND ST. CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	1,031.37
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PAULA STARKS 1569 ANDOVER CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	503.10
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DUSTIN ROBERTS 2720 DEMING BLVD. CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	612.62
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JANEL SCHRADER 900 SOUTH MELROSE CASPER, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	343.40
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OASYS, INC P.O. BOX 1812 LARAMIE, WY	FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	1,000.00

SUBTOTAL of Disbursements This Page (optional)

6,153.03

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96020304274

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SIERRA HEALTH CLUB P.O. BOX 15645 LAS VEGAS, NV	TRAVEL EXPENSES/KERREY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	427.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PREFERRED MANAGEMENT P.O. BOX 5689 CHEYENNE, WY	RENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	929.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.W. COOPERATIVE EXTENSION 2011 FAIRGROUNDS RD CASPER, WY	ROOM RENTAL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	80.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KINKO'S P.O. BOX 8033 VENTRUA, CA	PAYMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	166.43
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BEN'S FOODLINER, INC. PO BOX 1539 ROCK SPRINGS, WY	KRONSKI SAUSAGES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	131.70
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
TRACI COLLINS 1717 SEYMOUR CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	711.15
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
TCI CABLEVISION 506 W. 17TH CHEYENNE, WY	CABLE TV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	28.68
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
MCSSR MEDIA CONSULTANTS SIX GRANT AVE. TAKOMA PARK, MD	MEDIA BUY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	57,891.04
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AIRTOUCH CELLULAR P.O. BOX 173796 DENVER, CO	CELL PHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	233.23

SUBTOTAL of Disbursements This Page (optional)

60,598.23

TOTAL This Period (last page this line number only)

96020304275

96020304275

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

CO0316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT & T P.O. BOX 78225 PHOENIX, AZ	CALLING CARD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	18.81
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S. WEST 1005 WEST 17TH STREET DENVER, CO	PHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	148.74
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT & T P.O. BOX 78225 PHOENIX, AZ	LONG DISTANCE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	1,073.80
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT & T P.O. BOX 78225 PHOENIX, AZ	SDN ONENET SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/96	738.93
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SKY HARBOR AIR SERVICE 3913 EVANS CHEYENNE, WY	AIRPLANE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	2,765.13
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CASPER AIR SERVICE NATRONA CO. INT'L UNIT 3, BOX 3 CASPER, WY 82604	CHARTER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	402.29
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CULLIGAN P.O. BOX 6209 CHEYENNE, WY	WATER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	24.70
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WYOMING. COM LLC P.O. BOX 213 W. MAIN ST. RIVERTON, WY	WEB Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	44.95
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
UNITED PARCEL SERVICES P.O. BOX 630016 DALLAS, TX	MAIL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	248.00

SUBTOTAL of Disbursements This Page (optional)

5,465.35

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SCHEDULE B

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SHANNON WATTS 709 N. 1ST STREET RIVERTON, WY	ART DESIGN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	137.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WPAS/WNCS 1369 NORTH FOURTH STREET LARAMIE, WY	CLIPPING SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	108.50
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DUSTIN ROBERTS 2720 DEMING BLVD. CHEYENNE, WY	REIMBURSEMENT/SIGN SUPPLIES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	55.01
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PAULA STARKS 1569 ANDOVER CHEYENNE, WY	OFFICE SUPPLIES/REIMBURSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	89.01
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JENNIFER POULAKIDAS 4601 RIVER RD. NW WASHINGTON, DC 20016	REIMBURSE/VOLUNTEER FOOD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	38.34
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DAN CAROL & COMPANY 2440 CHARNELTON ST. EUGENE, OR	RESEARCHER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	1,106.98
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JOHN KIRINCICH 2815 SNYDER CHEYENNE, WY	REIMBURSE/HOTEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	283.80
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NADIA WHITE 1011 E. 22ND ST. CHEYENNE, WY	REIMBURSE/PHONE & OFFICE SUPPL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	190.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KARPAN & WHITE LAW OFFICE 5920 YELLOWSTONE RD. CHEYENNE, WY	REIMBURSE/PHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	30.78

SUBTOTAL of Disbursements This Page (optional)

2,039.92

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96020304277

SCHEDULE B

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LAKE RESEARCH INC. 1730 RHODE ISLAND AVE. N.W. WASHINGTON, DC	POLLING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	2,174.02
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
HALLE SHILLING 2151 14TH ST. BOULDER, CO 80302	MILEAGE/REIMBURSE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	54.25
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BEN'S FOODLINER, INC. PO BOX 1539 ROCK SPRINGS, WY	KRONSKIS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	160.45
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BUDS CATERING & BBQ 1705 EAST SECOND ST. CASPER, WY 82601	CATERING/CASPER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/96	420.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DUSTIN ROBERTS 2720 DEMING BLVD. CHEYENNE, WY	REIMBURSE/MILEAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/96	288.72
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WISE HODGDON GROUP 1560 WILSON BLVD. ARLINGTON, VA	FUNDRAISING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/96	15,634.22
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LAKE RESEARCH INC. 1730 RHODE ISLAND AVE. N.W. WASHINGTON, DC	POLLING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/96	617.45
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CASPER AIR SERVICE NATRONA CO. INT'L UNIT 3, BOX 3 CASPER, WY 82604	CHARTER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/96	759.11
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WESTLINK 7555 E. HAMPTON AVE. DENVER, CO	PAGER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/96	40.15

SUBTOTAL of Disbursements This Page (optional)

20,148.37

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96020304278

SCHEDULE B

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
ROB HARMALA 1208 PRINCE ST. ALEXANDRIA, VA 22314	REIMBURSE/COSTUME Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/96	47.25
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
BEN'S FOODLINER, INC. PO BOX 1539 ROCK SPRINGS, WY	KRONSKIS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/96	139.59
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DAN CAROL & COMPANY 2440 CHARNELTON ST. EUGENE, OR	RESEARCH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/96	299.59
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KATHY KARPAN 410 W. 2ND AVE. CHEYENNE, WY	REIMBURSE/PHONE & CHARGES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/05/96	724.77
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PIONEER PRINTING 514 W. 19TH CHEYENNE, WY	POSTERS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/05/96	595.47
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
HITCHING POST INN 1700 W. LINCOLNWAY CHEYENNE, WY 82001	ELECTION NIGHT/SUITE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/05/96	167.72
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CAMPBELL CTY CENTRAL COMMITTEE GILLETTE, WY	NEWSPAPER AD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/96	175.27
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OUTLAW INN 1630 ELK ST. ROCK SPRINGS, WY	HOTEL ACCOMADATIONS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/07/96	107.14
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CANTRELL/CUTTER PRINTING 1789 OLIVE ST. CAPITAL HEIGHTS, MD 20743	INVITATIONS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/07/96	813.01

SUBTOTAL of Disbursements This Page (optional)

3,069.81

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96020304279

96020304279

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
SKY HARBOR AIR SERVICE 3913 EVANS CHEYENNE, WY	PILOT SERVICES Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/07/96	142.50
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FREDERICK YATES 1915 EVANS AVE. CHEYENNE, WY 82001	PHOTOS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/07/96	75.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COREY SNIPES 2720 DEMING BLVD. CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	617.62
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COREY SNIPES 2720 DEMING BLVD. CHEYENNE, WY	REIMBURSE/MILEAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	140.93
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DUSTIN ROBERTS 2720 DEMING BLVD. CHEYENNE, WY	REIMBURSE/MILEAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	125.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JENNIFER POULAKIDAS 4601 RIVER RD. NW WASHINGTON, DC 20016	REIMBURSE/FOOD, TRAVEL & VOLUN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	116.93
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JOHN KIRINCICH 2815 SNYDER CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	1,820.94
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NADIA WHITE 1011 E. 22ND ST. CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	1,031.37
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
TRACI COLLINS 1717 SEYMOUR CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	711.15

SUBTOTAL of Disbursements This Page (optional) 4,781.44

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
DUSTIN ROBERTS 2720 DEMING BLVD. CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	612.62
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JANEL SCHRADER 900 SOUTH MELROSE CASPER, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	343.40
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PAULA STARKS 1569 ANDOVER CHEYENNE, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	503.10
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COLE WHITE 752 PILOT BUTTE DR. ROCK SPRINGS, WY	PAYROLL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	341.40
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OASYS, INC P.O. BOX 1812 LARAMIE, WY	FIELD CONSULTANT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
UNITED PARCEL SERVICES P.O. BOX 630016 DALLAS, TX	MAIL/PACKAGING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	299.25
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COLE WHITE 752 PILOT BUTTE DR. ROCK SPRINGS, WY	REIMBURSE/SIGNS & MILEAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	493.76
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
JOHN KIRINCICH 2815 SNYDER CHEYENNE, WY	REIMBURSE/COPING/SEC. OF STATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	16.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
PAULA STARKS 1569 ANDOVER CHEYENNE, WY	REIMBURSE/VOLUNTEER FOOD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	40.00

SUBTOTAL of Disbursements This Page (optional) 3,649.53

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Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KATY WHITE 211 2ND AVE. CHEYENNE, WY	PROFESSIONAL WORK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
NADIA WHITE 1011 E. 22ND ST. CHEYENNE, WY	REIMBURSE/PHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	26.81
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KINKO'S P.O. BOX 8033 VENTRUA, CA	PAYMENT/COPIES, POST CARD, ETC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	412.94
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LAKE RESEARCH INC. 1730 RHODE ISLAND AVE. N.W. WASHINGTON, DC	POLLING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	679.16
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
COLE WHITE 752 PILOT BUTTE DR. ROCK SPRINGS, WY	TIE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/96	50.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANK 2020 CAREY AVE. CHEYENNE, WY	PAYROLL TAXES, 4TH QUARTER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/96	2,145.96
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
FIRST BANK 2020 CAREY AVE. CHEYENNE, WY	PAYROLL TAXES/4TH QUARTER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/13/96	2,145.96
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CARROL ORRISON 1010 DUNN AVE. CHEYENNE, WY	AIRPLANE/TRAVEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/96	3,002.08
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
OASYS, INC P.O. BOX 1812 LARAMIE, WY	COMPUTER REPAIR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/96	126.48

SUBTOTAL of Disbursements This Page (optional) 13,589.39

TOTAL This Period (last page this line number only)

96020304282

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 21 OF 22
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
AT & T P.O. BOX 78225 PHOENIX, AZ	CALLING CARD PHONE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/96	71.60
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
WPAS/WNCS 1369 NORTH FOURTH STREET LARAMIE, WY	CLIPPING SERVICE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/96	109.58
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KATHY KARPAN 410 W. 2ND AVE. CHEYENNE, WY	REIMBURSEMENT/TRAVEL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/96	370.36
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KARPAN & WHITE LAW OFFICE 5920 YELLOWSTONE RD. CHEYENNE, WY	REIMBURSEMENT/PHONE/TONER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/96	179.20
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
U.S. WEST 1005 WEST 17TH STREET DENVER, CO	PHONE/CASPER Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/96	152.25
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
KATY WHITE 211 2ND AVE. CHEYENNE, WY	REIMBURSEMENT/FED-EX/POSTAGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/96	41.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
UNITED PARCEL SERVICES P.O. BOX 630016 DALLAS, TX	SHIPPING Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/96	81.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
HOME TELEPHONE CO. 608 EAST 26TH STREET CHEYENNE, WY	FINAL RENTAL PAYMENT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/96	35.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
CARROL ORRISON 1010 DUNN AVE. CHEYENNE, WY	BUS LEASE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/20/96	1,000.00

SUBTOTAL of Disbursements This Page (optional)

2,039.99

TOTAL This Period (last page this line number only)

96020304283

96020304283

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 22 OF 22
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Karpan for Wyoming

COO316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
LINDA CASH 2829 FOOTHILLS RD. CHEYENNE, WY	REIMBURSEMENT/TONER CARTRIDGE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/20/96	34.60
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)

34.60

TOTAL This Period (last page this line number only)

372,933.86

96020304284

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 20a

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)

Karpan for Wyoming

CO0316851

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
RAWSON WOOD P.O. BOX 502 CENTER HARBOR, NH	REFUND/CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/96	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month day, year)	Amount of Each Disbursement This Period
R. GARY STEPHENS 520 POST OAK BLVD. #600 HOUSTON, TX	REFUND/CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/16/96	1,000.00
C. 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)		
D. 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)		
E. 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)		
F. 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)		
G. 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)		
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) 2,000.00

TOTAL This Period (last page this line number only) 2,000.00

96020304285

CO0316851

PAMELA B. GAVIN
SUPERINTENDENT
HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: 202-224-0321

OFFICE OF PUBLIC RECORDS

 HAND DELIVERED _____
Date of Receipt

INSIDE MAIL

Date of Receipt

RECEIVED FROM THE HOUSE OFFICE OF RECORDS
& REGISTRATIONS.

Date of Receipt

____ RECEIVED FROM THE FEDERAL ELECTION
COMMISSION _____

Date of Receipt

FIRST CLASS MAIL
Postmarked

✓ **REGISTERED/CERTIFIED MAIL** 12/4/96
Postmarked

NO POSTMARK

POSTMARK ILLEGIBLE

OTHER (Specify): _____

Postmark and/or Date of Receipt

PG 12/9/96

Preparer Date Prepared