

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Jul 14 10 58 AM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) C00200337 060297 DONALD W. LEACHEN Scott Wexler NATIONAL LICENSED BEVERAGE ASS OCIATION BEVERAGE ALCOHOL RETA 4214 KING STREET, WEST ALEXANDRIA VA 22302		2. FEC IDENTIFICATION NUMBER
		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

### Monthly Report Due On:

- February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_  
 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	1/1/97 through 6/30/97		
6. (a) Cash on Hand January 1, 19 97			\$ 8,173.93
(b) Cash on Hand at Beginning of Reporting Period		\$ 8,173.93	
(c) Total Receipts (from Line 19)		\$ 4,099.59	\$ 4,099.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 12,273.52	\$ 12,273.52
7. Total Disbursements (from Line 30)		\$ 1,500.00	\$ 1,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 10,773.52	\$ 10,773.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	
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		Date	
Debra A. Leach, Assistant Treasurer		7/9/97	
Signature of Treasurer			
Debra Leach			

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

--	--	--	--	--	--	--	--

FEC FORM 3X  
(revised 8/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE National Licensed Beverage Association Alcohol Retailer Political Action Committee		REPORT COVERING PERIOD FROM 1/1/97 TO 6/30/97	
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)	2350.00	2350.00	11648
ii. Unitemized	1580.00	1580.00	11649
iii. Total (add i and ii) >	3930.00	3930.00	11650
b. Political Party Committees			11651
c. Other Political Committees (such as PACs)			11652
d. Total Contributions (add a ii, b and c) >	3930.00	3930.00	11653
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	169.59	169.59	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	4099.59	4099.59	19
20. Total Federal Receipts (subtract line 18 from line 19) >	4099.59	4099.59	20
<b>Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule HA)			
i. Federal Share			21a00
ii. Non-Federal Share			21a01
b. Other Federal Operating Expenditures			21b
c. Total Operating Expenditures (add a i, a ii, and b) >			21c
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1500.00	1500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28a
b. Political Party Committees			28b
c. Other Political Committees (such as PACs)			28c
d. Total Contribution Refunds (add a, b and c) >			28d
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1500.00	1500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1500.00	1500.00	31
<b>Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	3930.00	3930.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3930.00	3930.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3  
FOR LINE NUMBER

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)

National Licensed Beverage Association Beverage Retailers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mildred E. West P.O. Box 213 Whittier, CA 90610	Self	6-24-97	\$250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$250.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James T. Columbi 773 N. First Street Rockford, IL 61107	Self	5-30-97	\$100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$100.		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Clyte Franklin 5805 O'Donnell Street Baltimore, MD 21224	Self	5-19-97	\$100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$100.		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Phil Griffin Box 330 Girdwood, AK 99587	Self	5-5-97	\$100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$100.		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lloyd Early 1006 Main Street Sturgis, SD 57785	Self	4-28-97	\$100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$100.		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Karen Oertel P.O. Box 145 Chester, MD 21617	Self	4-14-97	\$100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$100.		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Roberson P.O. Box 131 Hesperia, MI 49421-0131	Self	4-19-97	\$100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$100.		

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

850.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3  
FOR LINE NUMBER

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)

National Licensed Beverage Association Beverage Retailers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Wood II 26 Madison Street Cortland, NY 13045	Self	4-6-97	\$100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$100.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mike Flynn 13 1/2 E. Wheeling Street Washington, PA 15301	Self	4-21-97	\$100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$100.		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillip Citta 820 main Street Toms River, NJ 08753	Self	4-17-97	\$100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$100.		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James C. Simpson III 100 Smallwood Village Center Waldorf, MD 20602	Self	4-23-97	\$300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$300		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Blatterfein 15 Wadton Ct. Belle Mead, NJ 08502	Self	4-18-97	\$100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$100		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeremiah Hegarty 5328 W. Blue Mound Road Milwaukee, WI 53208	Self	4-14-97	\$250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$250.		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary McLernaghan 7 North 7th Avenue Yakima, WA 98908	Self	4-14-97	\$100.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>business owner</u> Aggregate Year-to-Date > \$100.		

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

1050.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3  
FOR LINE NUMBER

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)  
National Licensed Beverage Association Beverage Retailers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald B. Smith P.O. Box 372 Lewiston, MI 49756 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation: business owner Aggregate Year-to-Date > \$100	4-11-97	\$100
B. Full Name, Mailing Address and ZIP Code Albert Pierantoni 406 Green Bay Road Highwood, IL 60046 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation: business owner Aggregate Year-to-Date > \$100	1-7-97	\$100
C. Full Name, Mailing Address and ZIP Code Barry Goldstein 12603 Kemmerton Lane Bowie, MD 20715 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation: business owner Aggregate Year-to-Date > \$250	4-7-97	\$250
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ..... 450.00  
 TOTAL This Period (last page this line number only) ..... 2350.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

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)  
National Licensed Beverage Association Alcohol Retailer Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Doc Hastings 2612 G. Arlington Mill Drive Arlington, VA 22206	campaign fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/19/97	\$500
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ehrlich for Congress Committee 1527 York Road, Suite 705 Lutherville, MD 21093	campaign fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/20/97	\$500
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Tom Petri P.O. Box 270 Fond du Lac, WI 54936	campaign fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/14/97	\$500
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) .....

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

\$1500.00

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/>	First Class Mail	POSTMARKED 7/11/97
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/>	Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/>	Other (Specify):	POSTMARKED  and/or DATE OF RECEIPT
E.S.		7/14/97
PREPARER		DATE PREPARED