

The reason for the majority of the changes in these reports result in the memo entries, and In-Kinds being added into the totals. We have taken precautions so this doesn't happen in the future. Thank you for your patience.

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

AUG 2 8 53 AM '97

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

AUG 28 8 53 AM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> The Freedom Project	<b>2. FEC IDENTIFICATION NUMBER</b> C00305805
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 8862 Cincinnati Dayton Road	<b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</b>
<b>CITY, STATE and ZIP CODE</b> West Chester, OH 45069	

## 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 <u>1-1-97</u> through <u>6-30-97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 3,420.81
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,420.81	
(c) Total Receipts (from Line 1B)	\$ 216,463.89	\$ 216,463.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 219,884.70	\$ 219,884.70
7. Total Disbursements (from Line 3D)	\$ 136,458.27	\$ 136,458.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 83,426.43	\$ 83,426.43
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		
Type or Print Name of Treasurer Dick Alderson		Date
Signature of Treasurer 		

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

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**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	REPORT COVERING PERIOD	
The Freedom Project	FROM 1-1-97	TO 6-30-97
Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
I. Itemized (use Schedule A) .....	75,641.04	75,641.04
II. Unitemized .....	1,075.00	1,075.00
II. Total .....	76,716.04	76,716.04
b. Political Party Committees .....	0	0
c. Other Political Committees (such as PACs) .....	139,747.85	139,747.85
d. Total Contributions .....	216,463.89	216,463.89
12. Transfers From Affiliated/Other Party Committees .....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received .....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0	0
18. Transfers from Nonfederal Account for Joint Activity .....	0	0
19. Total Receipts .....	216,463.89	216,463.89
20. Total Federal Receipts .....	0	0
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
I. Federal Share .....	0	0
II. Non-Federal Share .....	0	0
b. Other Federal Operating Expenditures .....	74,658.27	74,658.27
c. Total Operating Expenditures .....	74,658.27	74,658.27
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	61,800.00	61,800.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees .....	0	0
b. Political Party Committees .....	0	0
c. Other Political Committees (such as PACs) .....	0	0
d. Total Contribution Refunds .....	0	0
29. Other Disbursements .....	0	0
30. Total Disbursements .....	136,458.27	136,458.27
31. Total Federal Disbursements .....	0	0
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d) .....	216,463.89	216,458.89
33. Total Contribution Refunds (from line 28d) .....	0	0
34. Net Contributions (other than loans) (subtract line 33 from line 32) .....	216,463.89	216,463.89
35. Total Federal Operating Expenditures .....	74,658.27	74,658.27
36. Offsets to Operating Expenditures (from line 15) .....	0	0
37. Net Operating Expenditures .....	136,458.27	136,458.27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (In Full)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James F. Dicke, 11 422 East Haven Drive New Bremen, OH 45869	Crown Equipment Occupation Vice President	3-10-97	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Bockorny 1101 16th Street, Suite 500 Washington, DC 20036	Berger, Clough, Bockorny & Brain Occupation Consultant	5-15-97	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Deal 5403 Fallen Timbers Drive West Chester, OH 45069	Cincinnati Financial Occupation Executive	1-21-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bob Kerns 8135 Maxfield Lane Cincinnati, OH 45243	Cincinnati Companies Occupation Executive	1-21-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Miller 5650 Pleasant Avenue Fairfield, Oh 45014	Cincinnati Financial Occupation Executive	1-21-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Larry Plum 603 Eagle View Drive Mason, OH 45040	Cincinnati Financial Occupation Vice President	1-21-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input 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
John Schiff, Jr. 8720 Camargo Road Cincinnati, OH 45243	Cincinnati Financial Occupation Executive	1-21-97 4-16-97	2,000.00 2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 4,500.00		

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

14,000.00

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 6  
FOR LINE NUMBER 1191

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**NAME OF COMMITTEE (In Full)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
T. F. Eichynski 6366 Charity Drive Cincinnati, OH 45248	Cincinnati Insurance Occupation Executive	1-21-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Scott Gilliam 6299 Comanche Drive West Chester, OH 45069	Cincinnati Financial Occupation Executive	1-21-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank Love 108 Butler Drive Lawrenceburg, IN 47025	Cincinnati Financial Occupation Executive	1-21-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Morgan 8821 Cheviot Road Cincinnati, OH 45251	Cincinnati Companies Occupation Executive	1-21-97 4-16-97	2,000.00 2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 4,500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Schiff 645 Glenway Avenue Cincinnati, OH 45215	Cincinnati Companies Occupation Executive	1-21-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tim Timmel 4073 Egbert Avenue Cincinnati, OH 45220	Cincinnati Insurance Occupation Executive	1-21-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Scott Farmer 7571 Indian Hill Road Cincinnati, OH 45243	Cintas Occupation Executive	2-11-97	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		

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

13,000.00

**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 4

FOR LINE NUMBER 1191

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NAME OF COMMITTEE (In Full)

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Farmer P.O. Box 625737 Cincinnati, OH 45262	Cintas Occupation: Executive	2-11-97	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
Robert Kohbapp 580 Chaswill Drive Cincinnati, OH 45255	Cintas Occupation: President	2-11-97	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
Louis Leuch 749B Ayres Road Cincinnati, OH 45255	Leuch Realty Occupation: President	2-11-97	4,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 4,000.00		
Carl Lindner, Jr. 8555 Shawnee Run Road Cincinnati, OH 45243	American Financial Occupation: Executive	2-11-97	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
Edith Lindner 8555 Shawnee Run Road Cincinnati, OH 45243	N/A Occupation: Housewife	2-11-97	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
Carl Lindner 9450 Whitegate Lane Cincinnati, OH 45243	American Financial Occupation: Chairman	2-11-97	5,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5,000.00		
Michael Quinn 9305 Langford Court Potomac, MD 20854	Fannie Mae Occupation: Executive	3-10-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)	30,000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 6

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry Brueshaber 7454 Lake Park Drive West Chester, OH 45069 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Century Motors Occupation: Auto Dealer Aggregate Year-to-Date > \$ 500.00	3-24-97	500.00
B. Full Name, Mailing Address and ZIP Code Joseph Marcum 475 Oakwood Drive Hamilton, OH 45013 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ohio Casualty Occupation: Executive Aggregate Year-to-Date > \$ 1,000.00	3-24-97	1,000.00
C. Full Name, Mailing Address and ZIP Code Jill Beckorny 1101 16th Street Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	N/A Occupation: N/A Aggregate Year-to-Date > \$ 500.00	1-07-97	500.00
D. Full Name, Mailing Address and ZIP Code James Ervin 206 S. Lee Street Alexandria, VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	ETA, Inc. Occupation: Consultant Aggregate Year-to-Date > \$ 1,000.00	4-17-97	1,000.00
E. Full Name, Mailing Address and ZIP Code Frances Norris 8015 Greenwich Woods Drive Mc Lean, VA 22102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Dutko and Associates Occupation: Executive Aggregate Year-to-Date > \$ 300.00	5-15-97	300.00
F. Full Name, Mailing Address and ZIP Code Verrick French 3200 Leland Street Chevy Chase, MD 20815 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	French and Company Occupation: President Aggregate Year-to-Date > \$ 5,000.00	6-02-97	5,000.00
G. Full Name, Mailing Address and ZIP Code James Boland 1155 Connecticut Avenue Washington, DC 20036 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Boland, Madigan Occupation: Attorney Aggregate Year-to-Date > \$ 1,000.00	06-02-97	1,000.00

SUBTOTAL of Receipts This Page (optional)

9,300.00

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 5 OF 11  
FOR LINE NUMBER 1101

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**NAME OF COMMITTEE (in Full)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Harman 1455 Pennsylvania Avenue Washington, DC 20004	Davis and Harman	6-27-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 1,000.00		
Thomas Davis 1455 Pennsylvania Avenue Washington, DC 20004	Davis and Harman	06-27-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 1,000.00		
Wayne Berman 4900 Loughboro Road, N.W. Washington, DC 20016	Berman Enterprises	06-27-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Consultant Aggregate Year-to-Date > \$ 1,000.00		
Stanton Anderson 595 North Lake Way Palm Beach, FL 33480	Global USA, INC.	06-26-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chairman Aggregate Year-to-Date > \$ 1,000.00		
Carol Anderson 595 North Lake Way Palm Beach, FL 33480	N/A	06-27-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Housewife Aggregate Year-to-Date > \$ 1,000.00		
Jerry Jones 2121 K Street, NW, Suite 650 Washington, DC 20037	Global USA, Inc	06-27-97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 1,000.00		
Gerald Perry 4087 Ridgeview Circle McLean, VA 22101	Dutko & Associates	06-27-97	425.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Aggregate Year-to-Date > \$ 425.00		

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

6,425.00

**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 6 OF 6  
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gary Andres 610 Langston Lane Falls Church, VA 22046 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Dutko and Associates Occupation Executive	6-27-97	425.00
Aggregate Year-to-Date > \$ 425.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Keith Kirk 529 Great Falls Street Falls Church, VA 22046 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Dutko & Associates Occupation Executive	6-27-97	425.00
Aggregate Year-to-Date > \$ 425.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Kaufman 6708 Beland Drive Springfield, VA 22152 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Dutko and Associates Occupation Executive	6-27-97	425.00
Aggregate Year-to-Date > \$ 425.00			
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)

1,275.00

TOTAL This Period (last page file line number only)

74,000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **1**  
FOR LINE NUMBER

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**NAME OF COMMITTEE (in Full)**  
The Freedom Project

A. Full Name, Mailing Address and ZIP Code Bruce Gates 1720 Stonebridge Road Alexandria, VA 22304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 97 Calendar yr	Name of Employer IN-KIND Received Food/Beverage Occupation Aggregate Year-to-Date > \$ 1,024.59	Date (month, day, year) 4-09-97	Amount of Each Receipt this Period 1,024.59
B. Full Name, Mailing Address and ZIP Code David Bookorny 1101 16th Street, Suite 500 Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 97 Calendar year	Name of Employer IN-KIND Received Food/Beverage Occupation Aggregate Year-to-Date > \$ 2,616.45	Date (month, day, year) 3-18-97	Amount of Each Receipt this Period 616.45
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	1,641.04

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 119 OF 9  
FOR LINE NUMBER 112

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)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Blue Cross and Blue Shield, PAC 1310 G Street, N.W. Washington, DC 20005		5-15-97 5-15-97	2,500.00 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Merrill Lynch, PAC 3000 K Street, N.W., Suite 620 Washington, DC 20007		5-15-97	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Wine and Spirits of America, PAC 1023 Fifteenth Street, N.W. Washington, DC 20005		4-17-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Bankers Association, PAC 1120 Connecticut Avenue, N.W. Washington, DC 20036		4-17-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Healthcare Compare Corp., PAC 3200 S. Highland Avenue Downers Grove, IL 60515		6-02-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Voluntary Contributions for Better Government 1101 Pennsylvania Avenue Washington, DC 20004		6-02-97	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
National Court Reporters, PAC 8224 Old Courthouse Road Vienna, VA 22182		1-21-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	

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

15,500.00

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 9

FOR LINE NUMBER 110

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)

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Northwest Airlines, PAC 5101 Northwest Drive Saint Paul, MN 55111		4-17-97	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 2,500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AT&T, PAC 32 Avenue of Americas New York, NY 10013		4-17-97	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bank of America P.O. Box 37000 Bank of America, CA 94137		5-19-97	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Insurance Association, PAC 1130 Connecticut Avenue, N.W. Washington, DC 20036		6-12-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Federal Express, PAC 2005 Corporate Avenue Memphis, TN 38132		5-19-97 5-19-97	2,500.00 2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 5,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Auction Markets, PAC 141 W. Jackson Blvd. Chicago, IL 60604		6-02-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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
RJR, PAC P.O. Box 716 Winston-Salem, NC 27102		5-15-97	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date >	\$ 5,000.00	

SUBTOTAL of Receipts This Page (optional) ..... 24,500.00

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 **9**  
FOR LINE NUMBER  
**112**

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)**

**The Freedom Project**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
USTEAM, PAC 100 West Putnam Avenue Greenwich, CT 06830 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 5,000.00	6-27-97	5,000.00
B. Full Name, Mailing Address and ZIP Code Commodity Futures, PAC 30 S. Wacker Drive Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 1,000.00	6-02-97	1,000.00
C. Full Name, Mailing Address and ZIP Code Public Securities Association, PAC 1445 New York Avenue, N.W. Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 2,000.00	5-15-97	2,000.00
D. Full Name, Mailing Address and ZIP Code Verner Lipfert Bernhard McPherson, PAC 901 15th Street, N.W. Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 750.00	6-02-97	750.00
E. Full Name, Mailing Address and ZIP Code Glaxo Wellcome, PAC 1500 K Street, N.W., Suite 650 Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 5,000.00	3-10-97 5-15-97	1,000.00 4,000.00
F. Full Name, Mailing Address and ZIP Code Petroleum Marketers, PAC 1901 N. Fort Myer Drive Arlington, VA 22209 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 1,000.00	1-21-97	1,000.00
G. Full Name, Mailing Address and ZIP Code WMX, PAC 601 Pennsylvania Avenue, N.W. Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date > \$ 2,500.00	6-02-97	2,500.00

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

**17,250.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **4** OF **9**  
FOR LINE NUMBER **112**

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NAME OF COMMITTEE (in Full)

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MBNA Corp., PAC 1500 K Street, N.W. Washington, DC 20005		6-02-97	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
McDermott, Will & Emery, PAC 1200 18th Street, N.W. Washington, DC 20036		6-02-97	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Maritime Officers, PAC 490 J. Enfant Plaza, Suite 7204 Washington, DC 20024		6-17-97	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
OPRTHFAC 1101 Vermont Avenue, N.W. Washington, DC 20005		6-26-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AlliedSignal, PAC 1001 Pennsylvania Avenue Washington, DC 20004		6-30-97	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Auto Dealers and Drivers For Free Trade 153-12 Hillside Avenue Jamaica, NY 11432		3-10-97	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
InsurePAC 412 First Street, S.E., Washington, DC 20003		3-10-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) ..... 23,500.00

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 5 OF 9  
FOR LINE NUMBER 112

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NAME OF COMMITTEE (In Full)  
The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pacific Telesla Group, PAC 130 Kearny Street, Suite 2926 San Francisco, CA 94108		4-17-97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 2,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hill, PAC 901 31st Street, N.W. Washington, DC 20007		5-15-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Health Plan, PAC 1129 Twentieth Street, N.W. Washington, DC 20036		5-15-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Healthcare Compare Corp. PAC 3200 S Highland Avenue, NW Downers Grove, IL 60515		5-15-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Manufactured Housing Institute, PAC 2101 Wilson Blvd., Suite 610 Arlington, VA 22201		5-15-97	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 2,500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CarePAC 5995 Plaza Drive Cypress, CA 90630		5-15-97	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 1,500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
InsurePAC 412 First Street, S.E. Washington, DC 20003		5-15-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$ 2,000.00

SUBTOTAL of Receipts This Page (optional) ..... 10,000.00

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 **6** OF **9**

FORM NUMBER **11C**

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**NAME OF COMMITTEE (In Full)**

**The Freedom Project**

A. Full Name, Mailing Address and ZIP Code Circuit City Store Inc, PAC 9950 Mayland Drive Richmond, VA 23233	Name of Employer  Occupation Aggregate Year-to-Date > \$ <b>1,500.00</b>	Date (month, day, year) 5-15-97	Amount of Each Receipt This Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ITT Hartford Advocates Fund Hartford Plaza Hartford, CT 06115 Occupation Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year) 5-15-97	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer America's Community Bankers, PAC 900 19th Street, N.W., Suite 400 Washington, DC 20006 Occupation Aggregate Year-to-Date > \$ <b>1,500.00</b>	Date (month, day, year) 5-15-97	Amount of Each Receipt This Period 1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ameritech, PAC 150 East Gay Street, Room 4A Columbus, OH 43215 Occupation Aggregate Year-to-Date > \$ <b>5,000.00</b>	Date (month, day, year) 5-19-97	Amount of Each Receipt This Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Brown and Williamson Tobacco, PAC 1500 Brown and Williamson Louisville, KY 40202 Occupation Aggregate Year-to-Date > \$ <b>5,000.00</b>	Date (month, day, year) 5-19-97	Amount of Each Receipt This Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bell South, PAC 1133 21st Street, N.W. Washington, DC 20036 Occupation Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year) 5-19-97	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Independent Bankers, PAC One Thomas Circle, N.W Washington, DC 20005 Occupation Aggregate Year-to-Date > \$ <b>1,000.00</b>	Date (month, day, year) 6-02-97	Amount of Each Receipt This Period 1,000.00

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

**16,000.00**

**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

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FOR LINE NUMBER 112

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**NAME OF COMMITTEE (in Full)**  
The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Fruit of the Loom, PAC 233 South Wacker Drive Chicago, IL 60606		6-02-97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
United Republican Fund of Illinois 100 W. Monroe Street, Suite Chicago, IL 60603		6-02-97	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 150.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CBOE, PAC La Salle At Jackson Chicago, IL 60604		6-02-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 1,000.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Chrysler Political Support Committee 1000 Chrysler Drive Auburn Hills, MI 48326		6-12-97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 2,000.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Prudential Securities, PAC One Seaport Plaza New York, NY 10292		6-12-97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 2,000.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
USX Corporation, PAC 1101 Pennsylvania Avenue, N.W. Washington, DC 20004		6-26-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
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
Browbuilders, PAC P.O. Box 3 Houston, TX 77001		6-26-97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500.00			

**SUBTOTAL** of Receipts This Page (optional) ..... 7,150.00

**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 8 OF 9

FOR LINE NUMBER

112

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NAME OF COMMITTEE (In Full)

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Aghsf Civic Action Committee 1333 New Hampshire Avenue Washington, DC 20036		6-27-97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sprint Corporation, PAC P.O. Box 11315 Kansas City, MO 64112		6-27-97	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 2,500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tele-Communications, PAC 1730 M Street, N.W., Suite 900 Washington, DC 20036		6-27-97	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Union Pacific Fund 555 Thirteenth Street, N.W. Washington, DC 20004		6-27-97	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 5,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Safarers Political Activity 5201 Auth Way Camp Springs, MD 20746		6-27-97	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 5,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MEBA, PAC 444 N. Capitol Street, N.W. Washington, DC 20001		6-27-97	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 5,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sea-Land Associates Good Government 1331 Pennsylvania Avenue Washington, DC 20004		6-27-97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

20,500.00

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 **9** OF **9**

FOR LINE NUMBER **112**

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**NAME OF COMMITTEE (in Full)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crowley Maritime, PAC 135 Grand Avenue, 9th Floor Oakland, CA 94612		6-27-97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DSC Communications, PAC 1000 Coit Road, MS 008 Plano, TX 75075		6-30-97	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500.00	
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)

4,500.00

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

138,900.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

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**NAME OF COMMITTEE (in Full)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code Healthcare Compare Corp., PAC 3200 S. Highland Avenue, N.W. Downers Grove, IL 60515  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 97 Calendar yr	Name of Employer IN-KIND Received  Food/Beverage Occupation  Aggregate Year-to-Date > \$1,847.97	Date (month, day, year) 4-08-97	Amount of Each Receipt This Period 847.85
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   Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt This Period

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

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

847.85

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Delta Airlines Hartsfield International Airport Hartsfield, GA 30320	Sonny Bono CA/44 Candidate travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-13-97	867.00 IN-KIND
Essex House 44916 N. 10th Street W. Lancaster, CA 93534	Buck McKeon CA/25 Hotel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-18-97	136.96 IN-KIND
Airway Charter 2318 Hamilton Eaton Road Hamilton, OH 45011	Cass Ballenger NC-10 Candidate travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-28-97	700.00 IN-KIND
Delta Airlines Hartsfield International Airport Hartsfield, GA 30320	Tom Bliley VA-07 Candidate travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-18-97	343.00 IN-KIND
Fax Focus Acquisition Corporation P.O. Box 13700-1349 Philadelphia, PA 19191	Tom Latham IO-05 Fundraising expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-21-97	45.00 IN-KIND
Matters of Taste Caterers, Inc. P.O. Box 1248 Alexandria, VA 22313	Tom Latham IO-05 Fundraising expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-97	1783.10 IN-KIND
Fax Focus Acquisition Corporation P.O. Box 13700-1349 Philadelphia, PA 19191	Bill Redmond NM-03 Fundraising expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-15-97	42.00 IN-KIND
Fax Focus Acquisition, Corporation P.O. Box 13700-1349 Philadelphia, PA 19191	Robert Aderholt AL-4 Fundraising expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-19-97	64.80 IN-KIND
Bob Schellhas 4554-B 28th Road, South Arlington, VA 22206	Bill Redmond NM-03 Fundraising expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-22-97	330.00 IN-KIND

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

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

In-Kinds

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE OF FOR LINE NUMBER

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**NAME OF COMMITTEE (in Full)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Delta Airlines Hartsfield International Airport Hartsfield, GA 30320	Sunny Bono CA/44 Travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-13-97	867.00 IN-KIND
B. Full Name, Mailing Address and ZIP Code Essex House 44916 N. 10th Street W. Lancaster, CA 93534	Purpose of Disbursement Buck McKeon CA/25 Food/Beverage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2-18-97	Amount of Each Disbursement This Period 136.96 IN-KIND
C. Full Name, Mailing Address and ZIP Code Airway Charter 2318 Hamilton Eaton Road Hamilton, OH 45011	Purpose of Disbursement Cass Ballenger NC-10 Travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2-28-97	Amount of Each Disbursement This Period 700.00 IN-KIND
D. Full Name, Mailing Address and ZIP Code Delta Airlines Hartsfield International Airport Hartsfield, GA 30320	Purpose of Disbursement Tom Riffe VA-07 Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Date (month, day, year) 4-18-97	Amount of Each Disbursement This Period 343.00 IN-KIND
E. Full Name, Mailing Address and ZIP Code Fax Focus Acquisition Corporation P.O. Box 13700-1349 Philadelphia, PA 19191	Purpose of Disbursement Tom Latham IO-05 Fundraising expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 4-21-97	Amount of Each Disbursement This Period 45.00 IN-KIND
F. Full Name, Mailing Address and ZIP Code Matters of Taste Caterers, Inc. P.O. Box 1248 Alexandria, VA 22313	Purpose of Disbursement Tom Latham IO-05 Fundraising expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5-7-97	Amount of Each Disbursement This Period 1783.10 IN-KIND
G. Full Name, Mailing Address and ZIP Code Fax Focus Acquisition Corporation P.O. Box 13700-1349 Philadelphia, PA 19191	Purpose of Disbursement Bill Redmond NM-03 Fundraising expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5-15-97	Amount of Each Disbursement This Period 42.00 In-Kind
H. Full Name, Mailing Address and ZIP Code Fax Focus Acquisition, Corporation P.O. Box 13700-1349 Philadelphia, PA 19191	Purpose of Disbursement Robert Aderholt NJ-4 Fundraising expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5-19-97	Amount of Each Disbursement This Period 64.80 In-KIND
I. Full Name, Mailing Address and ZIP Code Bob Schellhas 4554-B 28th Road, South Arlington, VA 22206	Purpose of Disbursement Bill Redmond NM-03 Food/Beverage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5-22-97	Amount of Each Disbursement This Period 330.00 IN-KIND

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

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

In-Kinds

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fax Focus Acquisition Corporation P.O. Box 13700-1349 Philadelphia, PA 19191	Bob Riley AL-03 Fundraising expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-49-97	42.90 IN-KIND
B. Full Name, Mailing Address and ZIP Code The Monocle 107 D Street, N.E. Washington, Dc 20002	Robert Aderholt AL-03 Food/Beverage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-17-97	1,346.15 IN-KIND
C. Full Name, Mailing Address and ZIP Code Capitol Hill Club 300 First Street, S.E. Washington, DC 20003	Bob Riley AL-03 Food/Beverage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-24-97	695.64 IN-KIND
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 Delta Airlines Hartsfield International Airport Hartsfield, Ga 30320	Cass Ballenger NC-10 Travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-28-97	238.00 IN-KIND
F. Full Name, Mailing Address and ZIP Code U. S. Air 2345 Crystal Park Drive Arlington, VA 22227	Mark Foley FL-16 Travel & Lodging Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-13-97	688.00 IN-KIND
G. Full Name, Mailing Address and ZIP Code Boca Raton Resort 501 Camino Real Boca Raton, FL 33432	Mark Foley FL-16 Lodging Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-15-97	891.53 IN-KIND
H. Full Name, Mailing Address and ZIP Code Northwest Airlines 2700 Lone Oak Park Way Egan, MN 55121	Dave Camp MI-4 Travel Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-15-97	756.00 IN-KIND
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

In-Kinds

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
New Mexican's for Redmond 2650 Saw Mill Road, Suite D Santa Fe, NM 87505	Bill Redmond NM-3rd Contribution		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Special	5-01-97 5-02-97	1,000.00 4,000.00
Shinkus Re-Count Fund P.O. Box 5458 Springfield, IL 62705	John Shinkus IL-20 Contribution	5-01-97	1,800.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Re-count Fund		
Fossella for Congress P.O. Box 060248 New Drop Staten Island, NY 10306	Vito Fossella NY-13 Contribution	6-11-97	5,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary		
Hill for Congress P.O. Box 1256 Helena, MT 59604	Rick Hill MT-ALL Congress	6-26-97	5,000.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. 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) .....

16,800.00

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

61,800.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**  
**The Freedom Project**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Al Busemeyer 8862 Cincinnati Dayton Road West Chester, OH 45069	Office Rent	1-01-97	100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	2-04-97	100.00
Al Busemeyer 8862 Cincinnati Dayton Road West Chester, OH 45069	Office Rent	3-04-97	100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	3-28-97	100.00
Al Busemeyer 8862 Cincinnati Dayton Road West Chester, OH 45069	Office Rent	5-16-97	100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-02-97	100.00
Cincinnati Bell Telephone P.O. Box 693 Cincinnati, OH 45201	Telephone	2-04-97	89.64
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	3-11-97	206.09
Cincinnati Bell Telephone P.O. Box 693 Cincinnati, OH 45201	Telephone	4-03-97	206.09
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-02-97	207.35
First National Bank P. O. Box 476 Hamilton, OH 45012	Service Charge	1-28-97	3.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	2-28-97	3.00
First National Bank P.O. Box 476 Hamilton, OH 45012	Service Charge	3-28-97	3.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	4-30-97	3.00
First National Bank P.O. Box 476 Hamilton, OH 45012	Service Charge	5-31-97	3.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-30-97	3.00
First National Bank P.O. Box 476 Hamilton, OH 45012	941 Tax Deposit	6-11-97	602.87
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr		

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	<b>1,930.04</b>
<b>TOTAL This Period (last page this line number only)</b> .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Arent Fox Kintner Plotkin & Kahn 1050 Connecticut Avenue Washington, DC 20036	Services Rendered	1-07-97	1,098.61
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	3-04-97	1,051.26
B. Full Name, Mailing Address and ZIP Code Arent Fox Kintner Plotkin & Kahn 1050 Connecticut Avenue Washington, DC 20036	Services Rendered	3-11-97	1,023.61
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	5-15-97	2,036.64
C. Full Name, Mailing Address and ZIP Code Arent Fox Kintner Plotkin & Kahn 1050 Connecticut Avenue Washington, DC 20036	Services Rendered	6-02-97	3,034.88
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr		
D. Full Name, Mailing Address and ZIP Code R.T Reynolds 1455 Pennsylvania Avenue, N.W. Washington, DC 20004	Travel	5-02-97	718.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr		
E. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 693 Memphis, TN 38101	Postage	1-07-97	11.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	2-04-97	11.00
F. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 693 Memphis, TN 38101	Postage	3-04-97	49.52
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	3-18-97	24.48
G. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 693 Memphis, TN 38101	Postage	3-28-97	62.73
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	5-01-97	16.32
H. Full Name, Mailing Address and ZIP Code Federal Express P.O. Box 693 Memphis, TN 38101	Postage	5-15-97	26.52
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-11-97	26.52
I. Full Name, Mailing Address and ZIP Code Eddy Huang 7008 Masters Potomac, MD 20854	Office Rent	1-21-97	2,400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	3-28-97	2,400.00

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

13,991.09

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (In Full)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bell Atlantic 1325 G Street, N.W., Room 300 Washington, DC 20005	Telephone	1-21-97	274.03
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	2-18-97	520.92
Bell Atlantic 1325 G Street, N.W., Room 300 Washington, DC 20005	Telephone	3-18-97	616.51
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	4-15-97	413.40
Bell Atlantic 1325 G Street, N.W., Room 300 Washington, DC 20005	Telephone	5-15-97	82.67
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr		
Petty Cash 111 G Street, S.E., Lower Unit Washington, DC 20003	Petty Cash	4-17-97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	5-07-97	300.00
The Monocle 107 D Street, N.W. Washington, DC 20002	Fundraising Cost	6-30-97	1,346.15
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr		
Teton Strategies 4554-B 28th Road Arlington, VA 22206	Services Rendered	1-28-97	2,012.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	3-04-97	2,000.00
Teton Strategies 4554-B 28th Road Arlington, VA 22206	Services Rendered	3-28-97	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	4-15-97	4,000.00
Teton Strategies 4554-B 28th Road Arlington, VA 22206	Services Rendered	5-15-97	4,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-13-97	4,000.00
Northrup Grumman, Corp. 8900 E. Washington Blvd. Pico, Rivera, CA 90660	Travel	2-18-97	212.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr		

**SUBTOTAL** of Disbursements This Page (optional) .....

21,278.18

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (in Full)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wetherington Country Club 7337 Country Club Lane West Chester, OH 45069	Fundraising Cost Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	3-04-97	1,586.26
B. Full Name, Mailing Address and ZIP Code Hanibal Software 611 Pennsylvania Avenue, S.E. Washington, DC 20003	Purpose of Disbursement Software Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	3-26-97	1,500.00
C. Full Name, Mailing Address and ZIP Code Robert Palmer 873 Forest Hill Road Lake Forest, IL 60045	Purpose of Disbursement Fundraising Cost Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-30-97	686.90
D. Full Name, Mailing Address and ZIP Code Matters of Taste P.O. Box 1248 Alexandria, VA 22313	Purpose of Disbursement Fundraising Cost Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-02-97	1,783.10
E. Full Name, Mailing Address and ZIP Code Airway Charter 2318 Hamilton Eaton Road Hamilton, OH 45011	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-02-97	700.00
F. Full Name, Mailing Address and ZIP Code Sam Geduldig 1093 Papermill Court, N.W. Washington, DC 20007	Purpose of Disbursement Salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	5-29-97 6-13-97	1,627.11 867.79
G. Full Name, Mailing Address and ZIP Code Executive Jet Aviation P.O. Box 369-0999 Columbus, OH 43236-9099	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	5-01-97	646.00
H. Full Name, Mailing Address and ZIP Code Tobacco Institute 1875 I Street, N.W., Suite 800 Washington, DC 20006	Purpose of Disbursement Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	5-16-97	952.00
I. Full Name, Mailing Address and ZIP Code Wedgewood Country Club 9600 Wedgewood Blvd. Powell, OH 43065	Purpose of Disbursement Fundraising Cost Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	5-29-97	1,325.47

**SUBTOTAL** of Disbursements This Page (optional) .....

11,674.63

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **5** OF **8**  
FOR LINE NUMBER **210**

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**NAME OF COMMITTEE (in Full)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capitol Hill Club 300 First Street, S.E. Washington, DC 20003	Fundraising cost Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-30-97	695.64
B. Full Name, Mailing Address and ZIP Code Mindy's Distinctive Catering 4816 MacArthur Blvd., N.W. Washington, DC 20007	Purpose of Disbursement Fundraising cost Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-30-97	1,667.22
C. Full Name, Mailing Address and ZIP Code Master Card P.O. Box 297 Hamilton, OH 45012	Purpose of Disbursement April Monthly Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	4-03-97	5,081.79 See Memo Entries
D. Full Name, Mailing Address and ZIP Code Master Card P.O. Box 297 Hamilton, OH 45012	Purpose of Disbursement May Monthly Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	5-15-97	3,830.61 See Memo Entries
E. Full Name, Mailing Address and ZIP Code Master Card P.O. Box 297 Hamilton, OH 45012	Purpose of Disbursement January Monthly Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	1-21-97 6-13-97	704.27 5,653.85 See Memo Entries
F. Full Name, Mailing Address and ZIP Code Master Card P.O. Box 297 Hamilton, OH 45012	Purpose of Disbursement March Monthly Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	3-04-97	1,320.00 See Memo Entries
G. Full Name, Mailing Address and ZIP Code American Express P.O. Box 476 Cincinnati, OH 45201	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	1-09-97 3-04-97	1,508.69 1,502.00 See Memo Entries
H. Full Name, Mailing Address and ZIP Code American Express P.O. Box 476 Cincinnati, OH 45201	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	3-18-97 4-15-97	282.65 656.76 See Memo Entries
I. Full Name, Mailing Address and ZIP Code American Express P.O. Box 476 Cincinnati, OH 45201	Purpose of Disbursement Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	4-18-97	391.96 See Memo Entries

**SUBTOTAL** of Disbursements This Page (optional) ..... 23,295.44

**TOTAL** This Period (last page this line number only) ..... 72,169.38

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 618 OF 8  
FOR LINE NUMBER 210

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**NAME OF COMMITTEE (in full)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Healthcare Compere Corp. PAC 3200 S. Highland Avenue Downers Grove, IL 60515	In-Kind Received Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-08-97	847.85
Bruce Gates 1720 Stonebridge Road Alexandria, VA 22304	In-Kind Received Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-09-97	1,024.59
David Bockorny 1101 16th Street, Suite 500 Washington, DC 20036	In-Kind Received Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-18-97	616.45
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

2,488.89

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 7 OF 8

FOR LINE NUMBER 210

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**NAME OF COMMITTEE (in Full)**

The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sam and Harry's 1200 19th Street Washington, DC 20036	Fundraising Cost Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	4-03-97	2,004.17 Memo Entry
Delta Airlines Hartsfield Atlanta Atlanta, GA 30320	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	4-03-97 4-03-97	3,165.00 658.00 Memo Entry
Delta Airlines Hartsfield Atlanta Atlanta, GA 30320	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	5-15-97	329.00 Memo Entry
Arizona Biltmore 2400 E. Missouri Avenue Phoenix, AZ 85016	Fundraising Cost Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	3-04-97	486.07 Memo Entry
Rancho La Quinta 48-500 Washington Street La Quinta, CA 92253	Fundraising Cost Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	3-04-97	454.17 Memo Entry
Northwest Airlines 2700 Lone Oak Park Way Egan, MN 55121	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	5-15-97	756.00 Memo Entry
Computer Outfitters 639 N. Swaine Road Tucson, AZ 85711	Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	5-15-97	204.98 Memo Entry
U. S. Air 2345 Crystal Park Drive Arlington, VA 22227	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-13-97	688.00 Memo Entry
Tortilla Coast 400 First Street, S.E. Washington, DC 20003	Fundraising Cost Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-13-97	308.40 Memo Entry

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

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

memo entries

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)  
 The Freedom Project

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Boca Raton Resort 501 Camino Real Boca Raton, FL 33432	Lodging Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	5-15-97	891.53 Memo Entry
B. Full Name, Mailing Address and ZIP Code La Colline 400 N. Capitol Street, N.W. Washington, DC 20001	Purpose of Disbursement Fundraising Cost Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendr yr	6-13-97	2,021.18 Memo Entry
C. Full Name, Mailing Address and ZIP Code Court Yard Marriott 5175 Post Road Dublin, OH 43017	Purpose of Disbursement Fundraising Cost Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-13-97	1,291.83 Memo Entry
D. Full Name, Mailing Address and ZIP Code The Blackstone 636 S. Michigan Avenue Chicago, IL 60605	Purpose of Disbursement Fundraising Cost Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 97 Calendar yr	6-13-97	273.46 Memo Entry
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	memo entries



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

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

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>7-31-97</i>
<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
<i>JML</i> PREPARER	<i>8-2-97</i> DATE PREPARED