REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

RECEIVED
FEDERAL ELECTION
REPORTS ANALYSIS
DIVISION
98 OCT 15 PM 3:11

1. Name of individual, organization or corporation
League of Conservation Voters

Address (number and street) ☐ check if different than previously reported
1707 L Street, N.W. #750

City, State and ZIP Code
Washington, DC 20036

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — NAME OF EMPLOYER / OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 7/31/98

PAGE 1 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Alexrod & Associates 1901 L Street, N.W. #300 Washington, DC 20036	Consultant	7/1/98	16666.66		X	Helen Chenoweth ID-01
			16666.66		X	Charlie Stenholm TX-17
			16666.67		X	John Ausketter IA-02
			16666.67		X	Marc Neumann WI-5
			16666.67		X	Bill Redmond NM-03
			16666.67		X	Bob Dornan CA-46

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Clark Saer

SIGNATURE (multi-page filers: sign page 1 only) DATE
Anne Clark Saer

Subscribed and sworn to before me this 15th day of October 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 200

My Commission Expires

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of Individual, organization or corporation
League of Conservation Voters

Address (number and street) ☐ check if different than previously reported
1707 L Street, NW #750

City, State and ZIP Code
Washington DC 20036

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — NAME OF EMPLOYER / OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.
☐ 30-Day Report following the General Election.

Type of Election	Date of Election	State

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 2 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Green & Associates 619 Galisteo Street Santa Fe, NM 87501	Phone+Fax	7/24/98	183.72		X	Bill Redmond NM-03
	Consultant fee	7/24/98	1900.00		X	Bill Redmond NM-03
Bob Johnson P.O. Box 780561 Dallas, TX 75378	Consultant fee	7/30/98	4000.00		X	Charlie Stenholm TX-17

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Clark Saer

SIGNATURE (multi-page filers: sign page 1 only) DATE
Anne Clark Saer

Subscribed and sworn to before me this 16th day of October 98

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
League of Conservation Voters

Address (number and street) ☐ check if different than previously reported
1707 L Street, N.W.

City, State and ZIP Code
Washington DC 20036

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — NAME OF EMPLOYER / OCCUPATION

3. Identification Number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.
☐ 30-Day Report following the General Election.

Type of Election	Date of Election	State

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 3 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Green & Associates 619 Galisteo Street Santa Fe, NM 87501	Consultant Fee	7/31/98	1968.75		X	Bill Redmond NM-03
AT&T P.O. Box 29-800 Kansas City, MO 64184	Phone	7/30/98	1.14		X	Frank Newman WI-5

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Soter

SIGNATURE (multi-page filers: sign page 1 only) DATE
Anne Soter

Subscribed and sworn to before me this 16th day of October, 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

To: FEC FAXLINE CUSTOMER From: FEC FAXLINE

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
League of Conservation Voters

Address (number and street) ☐ check if different than previously reported
1707 L Street N.W.

City, State and ZIP Code
Washington DC 20036

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER / OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.
Type of Election | Date of Election | State
☐ 30-Day Report following the General Election.
Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 4 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
AT&T P.O. Box 27-820 Kansas City, MO 64184	Phone	7/31/98	1.86		X	Bob Dornan CA-46
	Phone	7/30/98	1.91		X	Bill Redmond NM-03

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Saer

SIGNATURE (multi-page filers: sign page 1 only) DATE
Anne Saer

Subscribed and sworn to before me this 16th day of October, 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires:

Darlene F. Isom
Notary Public

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of Individual, organization or corporation
League of Conservation Voters

Address (number and street) ☐ check if different than previously reported
1707 L Street N.W. #750

City, State and ZIP Code
Washington DC 20036

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — NAME OF EMPLOYER / OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.
Type of Election | Date of Election | State
☐ 30-Day Report following the General Election.
Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 5 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
United Parcel Service P.O. Box 4980 Hagerstown, MD 21747	mailings	7/30/98	12.00		X	Bob Dornan CA-46
		7/30/98	12.00		X	John Hostettler IN-8
		7/30/98	48.00		X	Bob Dornan CA 46
		7/30/98	24.00		X	Bill Redmond NM-03
		7/30/98	12.00		X	Mark Neumann WI-5

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Soer

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 16th day of October, 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires: _____ (Notary Public)

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

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Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
League of Conservation Voters

Address (number and street) ☐ check if different than previously reported
1707 L Street, N.W. #750

City, State and ZIP Code
Washington DC 20036

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — NAME OF EMPLOYER / OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.
Type of Election / Date of Election / State
☐ 30-Day Report following the General Election.
Date of Election / State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 6 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Debra S. Callahan 1707 L Street, NW. Washington DC 20036	Food & Transportation	7/30/98	7.71		X	Bill Redmond NM-03
			36.12		X	mark Neuman WI-5
			7.68		X	Bob Dornan CA-46
			1.34		X	Helen Chenoweth ID-01
			1.33		X	John Hostettler IN-08
			1.34		X	Charlie Stenholm TX-17

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Lee

SIGNATURE (multi-page filers: sign page 1 only) DATE
Anne Lee

Subscribed and sworn to before me this 12th day of October 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for solicitation use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

To: FEC FAXLINE CUSTOMER From: FEC FAXLINE

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
League of Conservation Voters
Address (number and street) ☐ check if different than previously reported
1707 L Street NW #750
City, State and ZIP Code
Washington DC 20036

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — NAME OF EMPLOYER / OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.
☐ 30-Day Report following the General Election.

Type of Election	Date of Election	State

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98 PAGE 7 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
U.S. Newswire National Press Building Washington DC 20045	media	7/30/98	35,25		X	Helen Chenoweth ID-01
			35,25		X	Charlie Stenholm TX-17
			35,25		X	John Hostettler IN-08
			35,25		X	Mark Neumann WI-S
			35,25		X	Bill Redmond NM-03
			35,25		X	Bob Dornan CA-46

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Saer

SIGNATURE (multi-page filers: sign page 1 only) DATE
Anne Saer

Subscribed and sworn to before me this 16 day of October 1998

DARLENE F. ISOM
NOTARY PUBLIC, DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires _____ (Notary Public)

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Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation: League of Conservation Voters
Address (number and street): 1707 L Street NW #750 — ☐ check if different than previously reported
City, State and ZIP Code: Washington DC 20036

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION | 3. Identification number

4. TYPE OF REPORT (check appropriate boxes):
(a) ☐ April 15 Quarterly Report ☐ July 15 Quarterly Report ☒ October 15 Quarterly Report ☐ January 31 Year-End Report ☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election. Type of Election | Date of Election | State
☐ 30-Day Report following the General Election. Date of Election | State
(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98 — PAGE 8 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Xpedite Systems Inc P.O. Box 14024 Newark, NJ 07198	Broadcast Fax 1	7/30/98	181.07		X	H. Chenoweth ID-01
			181.07		X	C. Stenholm TX-17
			181.07		X	J. Hostettler IN-08
			181.07		X	M. Neuman AZ-5
			181.07		X	B. Redmond NM-03
			181.08		X	B. Dornan CA-46

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: Anne Sailer

SIGNATURE (multi-page filers: sign page 1 only) DATE: Anne Sailer

Subscribed and sworn to before me this 16th day of October '98

MARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires: _____ (Notary Public)

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

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Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

To: FEC FAXLINE CUSTOMER From: FEC FAXLINE

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation
League of Conservation Voters

Address (number and street) ☐ check if different than previously reported
1707 L Street N.W. #750

City, State and ZIP Code
Washington DC 20036

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — NAME OF EMPLOYER / OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 9 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Betsy Wolfes 1707 L Street Washington DC 20036	Food & Transportation	7/30/98	93.08		X	J. Hostettler IN-08
ViaLog P.O. Box 9449 Boston, MA 02209	Long Distance Phone	7/30/98	41.65		X	H. Chenoweth ID-01

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Slaev

SIGNATURE (multi-page filers: sign page 1 only) DATE
Anne Slaev

Subscribed and sworn to before me this 6th day of October 1998

Darlene F. Isom
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information received herein may not be copied, sold or used by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ July 15 Quarterly Report ☐ October 15 Quarterly Report ☐ January 31 Year-End Report ☐ July 31 Mid-Year Report ☐ 12-Day Report preceding the election. ☐ 30-Day Report following the General Election.

Type of Election	Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 10 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
January Communications 1515 Jefferson Davis Hwy Arlington, VA 22202	Radio Activity	7/30/98	50.00		X	H. Ehrlich MD-01
			50.00		X	C. Stenholm TX-17
			50.00		X	J. Hostettler IN-08
			50.00		X	M. Neuman WI-5
			50.00		X	B. Redmond NM-03
			50.00		X	B. Dornan CA-46

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ _____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ _____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agents or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Soler

SIGNATURE (multi-page filers: sign page 1 only) DATE

Anne Soler

Subscribed and sworn to before me this 16th day of October, 98

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires _____

Darlene F. Isom (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ 12-Day Report preceding the election.

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year-End Report ☐ 30-Day Report following the General Election.

☐ July 31 Mid-Year Report

Type of Election	Date of Election	State

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 11 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
American Express P.O. Box 297885 Fort Lauderdale Florida	Travel Food copying	7/31/98	657.14		X	J. Hostettler-IN-08
			125368		X	M Neuman WI-5
			136457		X	B Redmond NM-03
			106042		X	B. Doxram CA-46
			72.41		X	H. Chenoweth ID-01
			72.41		X	C. Stenholm TX-17

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Teer

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 4th day of August

MARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.
☐ 30-Day Report following the General Election.

Type of Election	Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 12 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Vidal P.O. Box 9449 Boston, MA 02259	Long Distance call	7/31/98	135.46		X	B. Redmond NM-03
Planet Vox 926 N. Street, N.W. Washington, DC 20001	Video Editing	7/31/98	31.00		X	L. Stenholm TX-17

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Saler

SIGNATURE (multi-page filers: sign page 1 only) DATE

Anne Saler

Subscribed and sworn to before me this 10th day of August 19 98

MARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION | 3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.
☐ 30-Day Report following the General Election.

Type of Election	Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 13 OF 142

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Vinroy and Rice P.O. Box 271565 Houston, TX 77277	Consulting Fee	11/31/98	3500.00		X	B. Richmond NM-03
			3500.00		X	H. Chenoweth ID-01
			3500.00		X	J. Hostettler IN-08
			3500.00		X	M. Newman VII
			3900.00		X	B. Dornan CA-46

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Eder

SIGNATURE (multi-page filers: sign page 1 only) DATE

Anne Eder

Subscribed and sworn to before me this 16th day of [illegible], 19[illegible]

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires _____

_____ (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only: NAME OF EMPLOYER / OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98 PAGE 14 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
John Blair 800 Adams Ave Evansville Ind 47713	Consultant Fee	7/31/98	3000.00		X	J. Hostettler IN-08
Wilson Sandé 407 N. Washington St. Old Town Alexandria, Va. 22314	Consultant Fee	8/05/98	3000.00		X	C. Stenholm TX-17

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Sze

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 16th day of October '98

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION | 3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ July 15 Quarterly Report ☒ October 15 Quarterly Report ☐ January 31 Year-End Report ☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98 PAGE 15 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Axelrod & Associates 730 N. Franklin Suite 404 Chicago, IL 60610	Consultant Fee	8/25/98	833.33		X	H. Overmeyer IN-01
			833.33		X	C. Stenholm TX-17
			833.33		X	J. Hostettler IN-08
			833.33		X	M. Neuman WI-5
			833.34		X	B. Redmond NM-03

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Soller

SIGNATURE (multi-page filers: sign page 1 only) DATE

Anne Soller

Subscribed and sworn to before me this 16th day of October

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

Darlene F. Isom (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

FROM: FEC DARLENE CUSTOMER TO:

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election / Date of Election / State

☐ 30-Day Report following the General Election. Date of Election / State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 16 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Greenberg Quinlan 515 Second St. NE Washington, DC 20002	Polling	8/25/98	17,000		X	J. Hostettler IN-08
↓	Polling	8/4/98	17,000		X	B. Redmond NM-03

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) .... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) .... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Seler

SIGNATURE (multi-page filers: sign page 1 only) DATE
Anne Seler

Subscribed and sworn to before me this 16th day of October 19 98

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/95)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — NAME OF EMPLOYER OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ July 15 Quarterly Report ☐ October 15 Quarterly Report ☐ January 31 Year-End Report ☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 18 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Greenberg Quinlan Research Inc 515 Second St. NE Washington DC 20002	PBL	8/11/98	22,000		X	M. Neumann WI-5
Beth Johnson P.O. Box 780561 Dallas TX 75378	Consultant	8/21/98	1750		X	C. Stenholm TX-17

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Eller

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 16th day of October, 19 98

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires _____

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.
☐ 30-Day Report following the General Election.

Type of Election	Date of Election	State

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 19 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
mike Fredberry 1202 W. Franklin St. Boise, Idaho 83702	Consultant Fee	8/21/98	1375.00		X	# Congress ID-01
Green & Associates 619 Galisteo St. Santa Fe, NM 87501	Consultant Fee	8/21/98	1750.00		X	B. Redmond NM-03

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Ann Sale

SIGNATURE (multi-page filers: sign page 1 only) DATE

Ann Sale

Subscribed and sworn to before me this 16th day of October, 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires: _____

_____ (Notary Public)

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

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ July 15 Quarterly Report ☐ October 15 Quarterly Report ☐ January 31 Year-End Report ☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election.

Type of Election | Date of Election | State

☐ 30-Day Report following the General Election.

Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 17 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Deardourff McMedia Company 8300 Georgetown Pike McLean VA 22102	consultant	8/10/98	16,350		X	C. Stenholm TX-17
GSI Voter Contact, Inc. 1570 Prospect Ave. Hermosa Beach CA 90254	Consultant	8/15/98	6937.50		X	L. Smith WA-5

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Saler

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 16th day of October

DARLENE F. JSON
NOTARY PUBLIC, DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

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Federal Election Commission
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Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election — Date of Election — State

☐ 30-Day Report following the General Election. Date of Election — State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM THROUGH

PAGE 20 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Jason Rosen 1716 Winnebago St Madison, WI 53704	Consultant Fee	8/31/98	750.00		X	M. Neumann WI-5
Beth Johnson P.O. Box 780561 Dallas TX 75381-0561	Consultant Fee	8/31/98	1650.00		X	C. Stenholm TX-17

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) .... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) .... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Saw

SIGNATURE (multi-page filers: sign page 1 only) DATE
[signature]

Subscribed and sworn to before me this 14th day
October 19 98
DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires: My Commission Expires September 14, 2003
[signature] (Notary Public)

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

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Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election | Date of Election | State

☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98 PAGE 21 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Kara Dill 2021 Third Avenue Seattle, WA 98121	Consultant fee	8/31/98	400.00		X	Linda Smith WA-S
Green & Associates 619 Galisteo St. Santa Fe, NM 87501	Consultant fee	8/31/98	1140.19		X	B. Redmond NM-03

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Saer

SIGNATURE (multi-page filers: sign page 1 only) DATE

Anne Saer

Subscribed and sworn to before me this 16th day

[signature]

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

[signature] (Notary Public)

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election / Date of Election / State

☐ 30-Day Report following the General Election. Date of Election / State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 22 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Mike Medberry, 1202 W. Franklin St, Boise Idaho 83702	Consultant Fee / Rent	8/31/98	1575.00		X	H. Chenoweth ID-01
American Express, P.O. Box 297885, Fort Lauderdale, Florida		8/26/98	813.88		X	B. Dornan CA-46
			113.20		X	M. Neuman WI-1
			14.40		X	C. Stenholm TX-17

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) .... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) .... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: Anne Seer

SIGNATURE (multi-page filers sign page 1 only) — DATE

Subscribed and sworn to before me this 16th day of October, 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ I check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98 PAGE 23 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Quick Passenger P.O. Box 27378 Washington, DC 20038	mail/courier	8/31/98	.78		X	H. Unsoeld ID-01
			.77		X	C. Stenholm TX-17
			.77		X	J. Hostettler IN-08
			.77		X	M. Newman WI-05
			.77		X	B. Redmond NM-03
			.77		X	B. Dornan CA-46

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Sher

SIGNATURE (multi-page filers: sign page 1 only) DATE

Anne Sher

Subscribed and sworn to before me this 16th day of October 19 98.

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

Darlene F. Isom
(Notary Public)

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Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 9/1/98 THROUGH 9/30/98

PAGE 24 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Brookland Apartments 1716 Winnebago St. Madison, WI. 53704	Rent	9/1/98	820.00		X	M. Newman WI-S
Jason Rosen 1716 Winnebago St Madison, WI. 53704	Consultant Fee	9/17/98	750.00		X	M. Newman WI-S
		9/30/98	1125.00		X	M. Newman WI-S

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Seer

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 16th day of October, '98

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

FEC SCHEDULE E

INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION | 3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election. Type of Election | Date of Election | State
☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98 PAGE 25 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
UPS P.O. Box 4980 Bridgeville PA 15147	Shipping	9/14/98	15.50		X	A. Clemente H. 20-03
			35.00		X	B. Redmond S. NM-03
			25.30		X	C. Stenholm TX-17
			12.00		X	M. Neuman

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Adele Stein

SIGNATURE (multi-page filers: sign page 1 only) DATE
Adele Stein

Subscribed and sworn to before me this 6th day of October 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission expires

(Notary Public)

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

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION | 3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ July 15 Quarterly Report ☐ October 15 Quarterly Report ☐ January 31 Year-End Report ☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election | Date of Election | State

☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 9/1/98 THROUGH 9/30/98

PAGE 26 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Maria Avila 12211 Nemlo Ave Los Angeles, CA.	Consultant Fee	9/17/98	1400.00		X	B. Dornan CA-46
Beth Johnson P.O. Box 780561 Dallas, TX 75378	Transportation/ postage/ meals/ stamps/ phone	9/17/98	1759.16		X	C. Stenholm TX-17

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Steer

SIGNATURE (multi-page filers: sign page 1 only) DATE

Anne Steer

Subscribed and sworn to before me this 16th day of October 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission expires

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION | 3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ July 15 Quarterly Report ☐ October 15 Quarterly Report ☐ January 31 Year-End Report ☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election.

Type of Election | Date of Election | State

☐ 30-Day Report following the General Election.

Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 27 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
National Press Club National Press Building Washington DC	Room Rental	9/22/98	107.26		X	B. Cramer AL-05
	1	1	107.26		X	J. Ensign - NV-1
			107.25		X	L. Smith WA-5
Jamison Communications 1515 Jeff Davis Hwy. Arlington VA 1220	Radio Activity	9/22/98	40.00		X	C. Stenholm TX-17

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Seley

SIGNATURE (multi-page filers: sign page 1 only) DATE

Anne Seley

Subscribed and sworn to before me this 16th day

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied, sold or used by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of Individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION | 3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election. Type of Election | Date of Election | State
☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98 PAGE 28 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Nicole Stoduto 1707 L Street Washington DC 20036	Travel	9/20/98	28.00		X	B. Dorman CA-46
	1		8.70		X	C. Shelton TX-17
Michael Schlesinger 1707 L Street Washington D.C. 20036	Parking/ Travel	9/20/98	48.67		X	B. Dorman CA-46

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation of, prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Eiler

SIGNATURE (multi-page filers: sign page 1 only) DATE
Alle Eiler

Subscribed and sworn to before me this 16th day of October, 98

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

Darlene F. Isom (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

FEC FORM 5 REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 29 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Mary Reyes 301 ½ N. Main St. Santa Ana CA 92701	Rent	9/30/98	450.00		X	B. Berman CA-46
Greenberg Quinlan Rosner 515 Second St. NE Washington DC 20002	PSA	9/30/98	22,000		X	Linda Smith WA-8

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Stein

SIGNATURE (multi-page filers: sign page 1 only) DATE
Anne Stein

Subscribed and sworn to before me this 16th day of October 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires _____
(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ July 15 Quarterly Report ☒ October 15 Quarterly Report ☐ January 31 Year-End Report ☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election | Date of Election | State

☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 30 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
GSI Voter Contact Inc 1570 Prospect Ave Hermosa Beach, CA	Phoning	9/24/98	7608.32		X	L. Smith WA-5
Pegasus Properties 3106 E. Covenanter Dr. Bloomington, IN 47401	Rent	9/25/98	533.33		X	J. Hostettler IN-08

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Green

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 16th day of October, 19 98

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

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Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

FEC FORM 5 INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION | 3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election. Type of Election | Date of Election | State
☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98 PAGE 31 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Michael Medberry 1202 W. Franklin St. Boise, ID 83702	Supplies/ Travel/ Meals	9/15/98	488.82		X	H. Chenoweth ID-01
K. Deal 2021 Third Ave. Seattle, WA 98121	Consultant Fee	9/14/98	800.00		X	L. Smith WA-5
		9/30/98	800.00		X	L. WA-5

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Lier

SIGNATURE (multi-page filers: sign page 1 only) DATE
Anne Lier

Subscribed and sworn to before me this 16th day of October 19 98

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION | 3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ July 15 Quarterly Report ☑ October 15 Quarterly Report ☐ January 31 Year-End Report ☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election | Date of Election | State

☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98 PAGE 3.2 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Michael Medberry 1202 W. Franklin St. Boise, ID 83702	Consultant See Attached Rent	9/1/98	1375.00		X	H. Chenoweth ID-01
		9/30/98	13.75		X	H. Chenoweth ID-01
		9/30/98	200.00		X	H. Chenoweth ID-01
Courtney Cuff 4525 West Beltline Rd. Brownsville, WI 53713	Consultant See Attached	9/1/98	1359.96		X	M. Neuman WI-5
		9/30/98	1700.00		X	M. Neuman WI-5

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Sier

SIGNATURE (multi-page filers: sign page 1 only) DATE

Anne Sier

Subscribed and sworn to before me this 16th day of October 19 98

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

Darlene F. Isom (Notary Public)

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

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Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

FEC FORM 5 REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION | 3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election. Type of Election | Date of Election | State
☐ 30-Day Report following the General Election. Date of Election | State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98 PAGE 33 OF 142

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Tim Rose 1707 L Street Washington DC 20036	Taxi/food	9/17/98	27.47		X	M. Neuman WI-5
Viking Communication P.O. Box 9447 Boston, MA 02209	conference long distance phone charge	9/15/98	190.84		X	C. Stenholm TX-17

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Arlie Sailer

SIGNATURE (multi-page filers: sign page 1 only) DATE
Arlie Sailer

Subscribed and sworn to before me this 16th day of October 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires: [illegible] (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☒ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 34 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Michael Schlesinger 1707 L Street Washington, DC 20036	Taxi	9/15/98	50.00		X	M. Newman WI-5
Green & Associates 619 Gelisteo St. Santa Fe, NM 87501	Consultant Fee	9/15/98	1900.00		X	B. Redmond NM-03

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Soler

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 16th day of October 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purpose of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from such committee.

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 35 OF 142

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Beth Johnson 4170 E. Highway #377 Granbury, TX 76049	Consultant fee 1	9/15/98	2800.00		X	C. Stenholm TX-17
		9/30/98	2800.00		X	
Green & Associates 418 Carillos Ave Santa Fe, NM 87501	supplies/ postage/ phone/fax tape	9/15/98	589.47		X	B. Redmond NM-03
			350.22		X	B. Redmond NM-03

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Stein

SIGNATURE (multi-page filers: sign page 1 only) DATE

Anne Stein

Subscribed and sworn to before me this 16th day of October 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires: _____

Darlene F. Isom (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER | OCCUPATION | 3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report
☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98 — PAGE 36 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Maria Arvizu 12211 Riverside Avenue Los Angeles, CA 91604	Consultant fee/ travel	9/30/98	2800.00		X	B. Dorman CA-46
	travel		326.70		X	B. Dorman CA-46
	Insurance		241.93		X	B. Dorman CA-46
Patrick Mitchell 3106 E. Covenant Bloomington, IN 47401	Consultant fee	9/30/98	1000.00		X	J. Hostettler IN-08
	Travel	9/30/98	513.71		X	J. Hostettler IN-08

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Arlie Stein

SIGNATURE (multi-page filers: sign page 1 only) DATE

Arlie Stein

Subscribed and sworn to before me this 16th day of October 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

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Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only: NAME OF EMPLOYER / OCCUPATION

3. Identification Number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 37 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Green & Associates 418 Cerrillos St Santa Fe, NM 87501	Travel	9/30/98	885.97		X	B. Redmond NM-03
	Consultant fee	9/30/98	1968.75			
Varoga & Rice P.O. Box 27156 Houston, TX 77277	Reimbursed	9/30/98	3500.00		X	L. Smith - WA-5
	Consultant		3500.00		X	J. Ensign NV-1

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Lee

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 16th day of October, 19 98

DARLENE F. ISON
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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 5 (4/96)

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☐ Yes ☐ No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ 12-Day Report preceding the election.

☐ July 15 Quarterly Report

☑ October 15 Quarterly Report

☐ January 31 Year-End Report ☐ 30-Day Report following the General Election.

☐ July 31 Mid-Year Report

Type of Election	Date of Election	State

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 38 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
WIN Memorial Ctr 750 N. Lincoln Dr. Milwaukee, WI	Research	9/30/98	50.00		X	M. Neumann WI-5
T. Purcell 2021 Third Ave Seattle, WA 98121	Consultant fee	9/30/98	1124.99		X	L. Smith WA-5

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Sullivan

SIGNATURE (multi-page filers: sign page 1 only) DATE

Anne Sullivan

Subscribed and sworn to before me this 16th day of October 19 98

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

Darlene F. Isom (Notary Public)

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

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

Any information received herein may not be sold or used by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) Including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ 12-Day Report preceding the election.

☐ July 15 Quarterly Report

☑ October 15 Quarterly Report

☐ January 31 Year-End Report ☐ 30-Day Report following the General Election.

☐ July 31 Mid-Year Report

Type of Election	Date of Election	State

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 39 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
January Committee 1515 Jeff Davis Hwy Arlington VA 22202	Radio Activity	9/30/98	200.00		X	L. Smith WA-5
			40.00		X	B. Cramer AL-5

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Sale

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 16th day of October, 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

(Notary Public)

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

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Federal Election Commission
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Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only — Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only — NAME OF EMPLOYER — OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☑ October 15 Quarterly Report
☐ January 31 Year-End Report
☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election. Type of Election / Date of Election / State

☐ 30-Day Report following the General Election. Date of Election / State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 40 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Support	Oppose	Name and Office Sought (District, State) of Federal Candidate
UPS P.O. Box 4980 Hagerstown Md 21749	Shipping	9/30/98	96.45		X	C. Stenholm TX-17
			21.95		X	B. Redmond NM-03
			8.20		X	L. Smith WA-5
			8.20		X	J. Ensign NV-S
			33.21		X	B. Cramer AL-05
			243.95		X	H. Chenoweth
			26.71		X	J. Hostettler IN-08
			173.21		X	M. Neumann WI-S
			13.21		X	B. Dornan CA-46

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) .... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) .... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM
Anne Sa[illegible]

SIGNATURE (multi-page filers: sign page 1 only) DATE
[signature]

Subscribed and sworn to before me this 16th day of October, 1998

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires: My Commission Expires September 14, 2003

[signature] (Notary Public)

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

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only: NAME OF EMPLOYER OCCUPATION

3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ 12-Day Report preceding the election.

☐ July 15 Quarterly Report

☑ October 15 Quarterly Report

☐ January 31 Year-End Report ☐ 30-Day Report following the General Election.

☐ July 31 Mid-Year Report

Type of Election	Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 41 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
American Express P.O. Box 297885 Fort Lauderdale Florida	Lobbying/ Catering/ Transportation Room Rental Supplies Travel Food		2419.89		X	M. Hollingsworth (R-S)
			154.99		X	L. Smith WA-S
			880.34		X	H. Chenoweth ID-01
			20.00		X	B. Cochran AL-05
			20.00		X	J. Ensign NV-S
			851.36		X	B. Dorman CA-46
			230.88		X	C. Stenholm TX-17
			30.00		X	B. Richmond NY-23

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Sard

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 10th day of October 19 98

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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

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FEC FORM 5 (4/96)

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of Individual, organization or corporation

Address (number and street) ☐ check if different than previously reported

City, State and ZIP Code

2. Corporate filers only: Is the filer a qualified nonprofit corporation? ☑ Yes ☐ No

Individual filers only: NAME OF EMPLOYER | OCCUPATION | 3. Identification number

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report ☐ July 15 Quarterly Report ☑ October 15 Quarterly Report ☐ January 31 Year-End Report ☐ July 31 Mid-Year Report

☐ 12-Day Report preceding the election.

Type of Election	Date of Election	State

☐ 30-Day Report following the General Election.

Date of Election	State

(b) Is this Report an amendment? Yes ☐ No ☐

5. COVERING PERIOD: FROM 7/1/98 THROUGH 9/30/98

PAGE 42 OF 42

6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Contributor	Name of Employer	Occupation	Date (Month, Day, Year)	Amount

7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)

Full Name, Mailing Address and ZIP Code of Payee	Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One: Support	Check One: Oppose	Name and Office Sought (District, State) of Federal Candidate
Alyson Acker 1707 L Street NW Washington DC	Federal Express	9/30/98	40.50		X	S. Enzign NV-S

8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) ..... $ ____

9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) ..... $ ____

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Anne Saler

SIGNATURE (multi-page filers: sign page 1 only) DATE

Subscribed and sworn to before me this 16th day of October, 19 98.

DARLENE F. ISOM
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires September 14, 2003

My Commission Expires

(Notary Public)

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Toll Free 800-424-9530 Local 202-219-3420

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FEC FORM 5 (4/96)

To: FEC FAXLINE CUSTOMER From: FEC FAXLINE

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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KLT
PREPARER

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