

**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  30-Day Report following the General Election.  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 July 31 Mid-Year Report  
 (b) Is this Report an amendment? Yes  No

Type of Election	Date of Election	State

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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Mike Medberry 1202 W. Franklin St Boise, ID 83702	Consultant Ref Rent	8/31/98	1575.00		X	A. Chenoweth ID-D
American Express P.O. Box 297885 Fort Lauderdale, Florida		8/26/98	813.88		X	B. Dornan CA-4
			113.20		X	M. Neuman WI-S
			14.40		X	C. Stenholm TX-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 FORMS  
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.