

FORM 5 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

(b) Is this Report an amendment? Yes No

Type of Election: _____ Date of Election: _____ State: _____

Date of Election: _____ State: _____

5. COVERING PERIOD: FROM 7/1/98 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		Name and Office Sought (District, State) of Federal Candidate
				Support	Oppose	
Maria Avila 12211 Nento 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 posage meals supplies	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 Selt

SIGNATURE (multi-page filers: sign page 1 only): Anne Selt 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: _____

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. 20483, Tell 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)