

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (or Null)		120597 P 251	
C00091561		dated	
MR FRANK G ATWATER			
NATIONAL ASSOCIATION OF RETIRE			
D FEDERAL EMPLOYEES POLITICAL			
606 NORTH WASHINGTON STREET			
ALEXANDRIA		VA 22314	
2. FEC IDENTIFICATION NUMBER		C00091561	
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)			

Jan 29 11 29 AM '98

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

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

Twelfth day report preceding _____ (Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

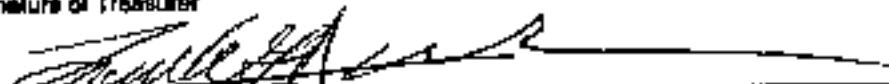
(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/25/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 1,186,369.18
(b) Cash on Hand at Beginning of Reporting Period	\$ 973,488.64	
(c) Total Receipts (from Line 19)	\$ 15,446.53	\$ 128,353.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 988,935.17	\$ 1,314,722.59
7. Total Disbursements (from Line 30)	\$ 35,957.00	\$ 361,744.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 952,978.17	\$ 952,978.17
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
FRANK G. ATWATER, NATIONAL TREASURER

Signature of Treasurer



Date

01/23/98

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 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
National Association of Retired Federal Employees Political Action Committee (NAREF-PAC)	FROM 11-25-97	TO: 12-31-97	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	1,350.00	4,680.00	11(a)(i)
j. Unitemized	2,128.60	73,177.65	11(a)(ii)
k. Total (add i and j) >	3,478.60	77,857.65	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	3,478.60	77,857.65	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	11,967.93	50,495.76	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	15,446.53	128,353.41	19
20. Total Federal Receipts (subtract line 16 from line 19) >	15,446.53	128,353.41	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	1,957.00	54,884.42	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	1,957.00	54,884.42	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	34,000.00	306,750.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		110.00	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >		110.00	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	35,957.00	361,744.42	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	35,957.00	361,744.42	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,478.60	77,857.65	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,478.60	77,857.65	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	1,957.00	54,884.42	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	1,957.00	54,884.42	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 11A (i)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arthur O Lundstrom 5000 SE Federal HWY Stuart, FL 34997	Retired	12/12/97	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mary Curley 100 James Blvd #4-111 Signal Mountain, TN 37377-1860	Retired	11/30/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Roger M Hanson 1380 W Wisconsin Ave Oconomowoc, WI 53066-2680	Retired	11/30/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles O Fields, JR 3082 Villa Drive Toledo, OH 43614-5264	Retired	03/26/97 11/30/97	100.00 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Blondell P.O. Box 136 Mathias, WV	Retired	11/30/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles H Schaub 14905 Lear Lane Silver Spring MD 20905	Retired	11/30/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 1,350.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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17	

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NAME OF COMMITTEE (in Full)

National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Bank 1507 Connecticut Avenue, NW Washington, DC 20036	Interest Income	11/30/97 12/31/97	\$ 11.83 12.18
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 142.73		
Nations Bank-Money Market 3 Dupont Circle, NW Washington, DC 20036	Interest Income	11/30/97 12/31/97	108.06 121.31
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,198.54		
Signet Bank-Interest Checking 1350 Conn., Ave, NW Washington, DC 20036	Interest Income	11/30/97 12/31/97	1,773.50 2,093.05
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$26,569.84		
Nations Bank-checking 3 Dupont Circle, NW Washington, DC 20036	Interest Income	---	- 0 -
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 870.30		
U.S. Treasury Bureau of the Public Debt Washington, DC 20013	'96 Tax Refund	---	- 0 -
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$6,173.26		
U.S. Treasury Bureau of the Public Debt Washington, DC 20013	Interest Income	12/18/97	7,848.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 11,967.93

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
21B	

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NAME OF COMMITTEE (In Full)

National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D.C. Treasurer P.O. Box 96019 Washington, DC 20090-6019	Estimated Corp. Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	12/03/97	\$ 685.00
B. Full Name, Mailing Address and ZIP Code NARFE 606 N Washington Street Alexandria, VA 22314	Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	12/23/97	1,216.00
C. Full Name, Mailing Address and ZIP Code Postmaster Twentieth Street Station 2001 M Street, NW Washington, DC 20036	P.O. Box Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	12/23/97	56.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$ 1,957.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Abercrombie for Congress 1142 Anahi Street, Suite 2420 Honolulu, HI 96814	Contribution Rep. Neil Abercrombie (HI-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	\$ 3,000.00
B. Full Name, Mailing Address and ZIP Code Andrews for Congress P.O. Box 2314 Washington, DC 20013	Contribution Rep. Rob Andrews (NJ-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
C. Full Name, Mailing Address and ZIP Code Blagojevich for Congress 110 B East Broad Street Falls Church, VA 22046	Contribution Rep. Rod Blagojevich (IL-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
D. Full Name, Mailing Address and ZIP Code Borski for Congress Committee P.O. Box 26846 Philadelphia, PA 19134	Contribution Rep. Robert Borski (PA-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
E. Full Name, Mailing Address and ZIP Code Jim Davis for Congress P.O. Box 18143 Tampa, FL 33679	Contribution Rep. Jim Davis (FL-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
F. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Committee P.O. Box 2008 Murfreesboro, TN 37133	Contribution Rep. Bart Gordon (TN-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
G. Full Name, Mailing Address and ZIP Code Gutierrez for Congress 236 Massachusetts Ave., Suite 206 Washington, DC 20002	Contribution Rep. Luis Gutierrez (IL-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
H. Full Name, Mailing Address and ZIP Code Darlene Hooley for Congress 38 Ivy Street, SE Washington, DC 20003	Contribution Rep. Darlene Hooley (OR-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
I. Full Name, Mailing Address and ZIP Code Friends of Ray LaHood 3311 N. Sterling Ave., Suite 10 Peoria, IL 61604-1837	Contribution Rep. Ray LaHood (IL-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$ 11,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Luther for Congress 1399 Geneva Ave. N., Ste 103 Oakdale, MN 55128	Contribution Rep. Bill Luther (MN-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	\$ 2,000.00
Maloney for Congress 230 Park Avenue, 34th Floor New York, NY 10169	Contribution Rep. Carolyn Maloney (NY-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
Friends of Jim Maloney 240 Main Street Danbury, CT 06810	Contribution Rep. Jim Maloney (CT-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	2,000.00
Norwood for Congress PO Box 4499 Evans, GA 30809	Contribution Rep. Charlie Norwood (GA-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
Ortiz for Congress Committee P.O. Box 7806 Corpus Christi, TX 78467-7806	Contribution Rep. Solomon Ortiz (TX-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
Steve Rothman for Congress, Inc. 38 Ivy Street, SE Washington, DC 20003	Contribution Rep. Steve Rothman (NJ-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
Committee for Loretta Sanchez 12553 South Harbor Blvd. Garden Grove, CA 92840	Contribution Rep. Loretta Sanchez (CA-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
The Mike Thompson for Congress Committee P.O. Box 1998 St. Helena, CA 94574	Contribution Cand. Mike Thompson (CA-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
Thurman for Congress Committee PO Box 5058 Inverness, FL 34450	Contribution Rep. Karen Thurman (FL-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	2,000.00

SUBTOTAL of Disbursements This Page (optional)

\$ 12,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 3 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Volunteers for Vento PO Box 65254 St. Paul, MN 55101	Rep. Bruce Vento (MN-D) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	\$ 1,000.00
Friends of J. G. Watts-98 PO Box 720445 Norman, OK 73070	Rep. J.C. Watts (OK-R) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	12/22/97	1,000.00
Friends of Barbara Boxer P.O. Box 641751 Los Angeles, CA 90064	Sen. Barbara Boxer (CA-D) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Senate	12/22/97	3,000.00
Lots of People Supporting Tom Daschle 424 C Street, NE, 1st Floor Washington, DC 20002	Sen. Tom Daschle (SD-D) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Senate	12/22/97	3,000.00
Wyden for Senate PO Box 3498 Portland, OR 97208	Sen. Ron Wyden (OR-D) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Senate	12/22/97	3,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$ 11,000.00

TOTAL This Period (last page this line number only)

34,000.00

LOANS

Name of Committee (in Full) National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)					
A. Full Name, Mailing Address and ZIP Code of Loan Source <p style="text-align:center">N/A</p>	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period		
Electronic: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured					
List All Endorsers or Guarantors (if any) to Item A		(This area is shaded to indicate that the information is not to be reported.)			
1. Full Name, Mailing Address and ZIP Code	Name of Employer			Occupation	Amount Guaranteed Outstanding: \$
2. Full Name, Mailing Address and ZIP Code	Name of Employer			Occupation	Amount Guaranteed Outstanding: \$
3. Full Name, Mailing Address and ZIP Code	Name of Employer			Occupation	Amount Guaranteed Outstanding: \$
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date		
Balance Outstanding at Close of This Period					
Electronic: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____ Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured					
List All Endorsers or Guarantors (if any) to Item B		(This area is shaded to indicate that the information is not to be reported.)			
1. Full Name, Mailing Address and ZIP Code	Name of Employer			Occupation	Amount Guaranteed Outstanding: \$
2. Full Name, Mailing Address and ZIP Code	Name of Employer			Occupation	Amount Guaranteed Outstanding: \$
3. Full Name, Mailing Address and ZIP Code	Name of Employer			Occupation	Amount Guaranteed Outstanding: \$
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line only)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) N/A		AMOUNT OF LOAN	INTEREST RATE (APR)
		DATE INCURRED OR ESTABLISHED	DATE DUE

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?
 No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER		DATE
TYPED NAME	SIGNATURE	

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE		TITLE	DATE
TYPED NAME	SIGNATURE		

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor N/A				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (In Full) National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)				
Full Name, Mailing Address & ZIP Code of Each Payor	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate Supported or Opposed by the Expenditure & Office Sought
N/A				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
(a) SUBTOTAL of Itemized Independent Expenditures			\$ _____	
(b) SUBTOTAL of Unitemized Independent Expenditures			\$ _____	
(c) TOTAL Independent Expenditures			\$ _____	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this _____ day of _____, 19____

My Commission expires: _____

NOTARY PUBLIC

Signature _____

Date _____

**ITEMIZED COORDINATED EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

Name of Political Committee (In Full) <u>National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)</u>				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: _____				
Full Name, Mailing Address and ZIP Code of Subordinate Committee <p align="center">N/A</p>				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
Aggregate General Election Expenditure for this Candidate—\$				
SUBTOTAL of Expenditures This Page (optional)				
TOTAL This Period (last page this line number only)				

**METHOD OF ALLOCATION FOR SHARED FEDERAL
AND NON-FEDERAL ADMINISTRATIVE EXPENSES
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE National Association of Retired Federal Employees
Political Action Committee (NARFE-PAC)

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) %
 PRESIDENTIAL YEAR (65%)
 ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES N/A

MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) %
 OR
 FUNDS EXPENDED:
 * ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 * ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %

ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:
 * ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL %
 * ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL %

ADJUSTMENTS TO FUNDS EXPENDED:
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL \$ %
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL \$

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

	NUMBER OF POINTS
1. PRESIDENT <input type="checkbox"/> (1 POINT)	
2. U.S. SENATE <input checked="" type="checkbox"/> (1 POINT)	
3. U.S. CONGRESS <input type="checkbox"/> (1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)	
5. GOVERNOR <input type="checkbox"/> (1 POINT)	
6. OTHER STATEWIDE OFFICE(S) <input type="checkbox"/> (1 OR 2 POINTS)	
7. STATE SENATE <input type="checkbox"/> (1 POINT)	
8. STATE REPRESENTATIVE <input type="checkbox"/> (1 POINT)	
9. LOCAL CANDIDATES <input type="checkbox"/> (1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT <input checked="" type="checkbox"/> (1 POINT)	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)	
12. TOTAL POINTS (LINE 4 PLUS LINE 11)	

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 %

ALLOCATION RATIOS

NAME OF COMMITTEE National Association of Retired Federal Employees
Political Action Committee (NARFE-PAC)

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
N/A ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %

**TRANSFERS FROM
NON-FEDERAL ACCOUNTS**

NAME OF COMMITTEE National Association of Retired Federal Employees Political Action Committee (NARFE-PAC)	TOTAL AMOUNT TRANSFERRED
--	-----------------------------

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

N/A	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND- RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND- RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

SUBTOTAL THIS PAGE	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND- RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
TOTAL THIS PERIOD				

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-26-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SES</i> PREPARER	1-29-98 DATE PREPARED