

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

JUL 19 10 22 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**UNITED STATES FAMILY PAC**

ADDRESS (number and street)  Check if different than previously reported  
**768 WALKER RD #290**

CITY, STATE and ZIP CODE  
**GREAT FALLS, VA 22066**

2. FEC IDENTIFICATION NUMBER

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

Termination Report

Monthly Report Due On:

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

12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>April 1, 1998</u> through <u>JUNE 30, 1998</u>			
6. (a) Cash on Hand January 1, 19			\$ 0
(b) Cash on Hand at Beginning of Reporting Period		\$ 0	
(c) Total Receipts (from Line 19)		\$ 24,000.00	\$ 24,075.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 24,000.00	\$ 24,075.00
7. Total Disbursements (from Line 30)		\$ 11,781.22	\$ 11,856.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 12,218.78	\$ 12,218.78
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 800-424-9630 Local 202-694-1100
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		Robert G. Mills	
Signature of Treasurer		Date	
		7-14-98	

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

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

United States Family PAC

REPORT COVERING PERIOD

FROM

TO:

COLUMN A  
Total This Period

COLUMN B  
Calendar Year

### I. Receipts

11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	20,000.00	20,000.00	11(a)(i)
ii. Unitemized			11(a)(ii)
iii. Total (add i and ii) >			11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) >	20,000.00	20,000.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received		75.00	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	4,000.00	4,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	24,000.00	24,075.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	24,000.00	24,075.00	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	204.19	204.19	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	204.19	204.19	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,500.00	11,500.00	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	77.03	77.03	26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			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) >			28(d)
29. Other Disbursements	0	75.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11,781.22	11,856.22	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	11,781.22	11,856.22	31

### III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans)(from line 11d)	20,000.00	20,000.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	20,000.00	20,000.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	204.19	204.19	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	204.19	204.19	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 19

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)

UNITED STATES FAMILY PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Karen Butler 1947 N. HOWE STREET CHICAGO, IL 06014		4/8/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOME MAKER Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code Maria Teresa Diabarrata COND MONTEBELLO B-404 TRUJILLO ALTO, PR 00976	Name of Employer	Date (month, day, year) 4/8/98	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOME MAKER Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code NEW STAR Political Action Committee 1947 NORTH HOWE CHICAGO, IL 60614	Name of Employer	Date (month, day, year) 4/8/98	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PAC Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code CHENOWETH FOR CONGRESS P.O. BOX 897 BOISE, ID 83701	Name of Employer	Date (month, day, year) 5/5/98	Amount of Each Receipt this Period 4,000.00
Receipt For: REPAY <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Carlos M. FRANK 2 Hwy #9 CAROLINA, PR 00966	Name of Employer	Date (month, day, year) 5/18/98	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		

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

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

24,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 30

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NAME OF COMMITTEE (in full)

UNITED STATES FAMILY PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert G. Mills 1008 HARRIMAN ST. Great Falls, VA, 22060	LOAN PAYMENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/98	77.03
B. Full Name, Mailing Address and ZIP Code Chenoweth for Congress P.O. Box 897 Boise, ID. 83701	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/98	4,000.00
C. Full Name, Mailing Address and ZIP Code Rick Robinson for Congress P.O. Box 175888 Fort Mitchell, KY 41017	CONTRIBUTIONS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/98	1,500.00
D. Full Name, Mailing Address and ZIP Code Chenoweth for Congress P.O. Box 897 Boise, ID 83701	CONTRIBUTIONS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/5/98	1,000.00
E. Full Name, Mailing Address and ZIP Code Gary Miller for Congress 721 South BREA CANYON RD. SUITE 7 DIAMOND BAR, CA 91789	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Tennessee Republican Party P.O. Box 150368 Nashville, TN 37215	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/98	1,000.00
G. Full Name, Mailing Address and ZIP Code Bob's PAC Bibi Livingston P.O. Box 15377 New Orleans LA 70175	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/17/98	1,000.00
H. Full Name, Mailing Address and ZIP Code BELL ATLANTIC P.O. Box 1915 BELTSVILLE, MD 20704	Purpose of Disbursement Phone Bill 4-1-98 to 6-30-98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19/98	54.19
I. Full Name, Mailing Address and ZIP Code Robert B. Mills 1008 Harriman St. Great Falls, VA. 22066	Purpose of Disbursement Rent/Utilities 4-1-98 to 6-30-98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/98	150.00

SUBTOTAL of Disbursements This Page (optional)

9,781.22

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 2  
FOR LINE NUMBER 30

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)**

United States Family PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution 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
Phillip Davis for Congress 555 Tombigbee St. Suite 408 Jackson, Mississippi 39201	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Mike Fair for Congress 44 Pine Knoll Drive, Ste I Greenville, SC 29609	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/98	1,000.00
C. 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
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) .....

2,000.00

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

11,781.22

**SCHEDULE D**

(Revised 3/80)

**DEBTS AND OBLIGATIONS**


**Excluding Loans**

LINE NUMBER .....  
(Use separate schedules for each numbered line)

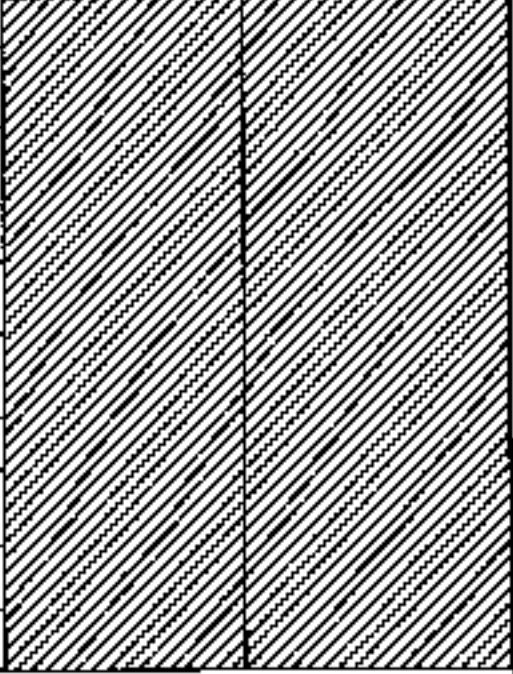
Name of Committee (In Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code 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)				0
2) TOTALS This Period (last page in this line only)				0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				0

**LOANS**

Name of Committee (in Full)  
**UNITED STATES FAMILY PAC**

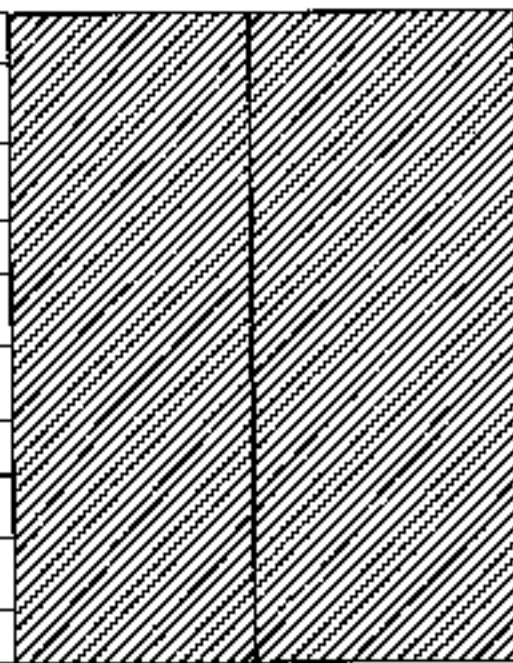
A. Full Name, Mailing Address and ZIP Code of Loan Source <b>ROBERT G. MILLS</b> <b>1008 HARRISMAN ST</b> <b>GREENTOWN, VA. 22064</b> <b>CORP.</b>	Original Amount of Loan <b>75.00</b>	Cumulative Payment To Date <b>77.03</b>	Balance Outstanding at Close of This Period 
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify: <b>FILINGS</b> )			
Terms:    Date Incurred <b>1-30-98</b> Date Due <b>4-30-98</b> Interest Rate <b>5</b> % (apr) <input type="checkbox"/> Secured			



List All Endorsers or Guarantors (if any) to Item A

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
Election: <input type="checkbox"/> Primary <input 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

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 (just page in this line only) .....	
Carry outstanding balances only to LINE 8, Schedule C, for this line. If no Schedule C, carry forward to appropriate line of Summary.	

