

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 7 10 27 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
 C00196089 030498 P 268
 J MICHAEL KEELING
 RSDP ASSOCIATION PAC
 1726 M STREET, NW SUITE 501
 WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER
C00 196089

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
6. Covering Period <u>January 1, 1998</u> through <u>March 31, 1998</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 7,591.05
(b) Cash on Hand at Beginning of Reporting Period	\$ 7,591.05	
(c) Total Receipts (from Line 19)	\$ 4,600.00	\$ 4,600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 12,191.05	\$ 12,191.05
7. Total Disbursements (from Line 30)	\$ 8,500.00	\$ 8,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,691.05	\$ 3,691.05
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 Tel Free 800-424-9530 Local 202-418-3420
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

J. Michael Keeling

Signature of Treasurer



Date

April 6, 1998

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

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FEC FORM 3X

(revised 6/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
ESOP PAC	FROM 01/01/98	TO: 03/31/98	
Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$4,600.00	\$4,600.00	11(a)
ii. Unitemized	-0-	-0-	11(b)
iii. Total (add i and ii) >	4,600.00	4,600.00	11(c)
b. Political Party Committees	-0-	-0-	12
c. Other Political Committees (such as PACs)	-0-	-0-	13
d. Total Contributions (add a iii, b and c) >	4,600.00	4,600.00	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	4,600.00	4,600.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	4,600.00	4,600.00	20
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)
ii. Non-Federal Share	-0-	-0-	21(b)
b. Other Federal Operating Expenditures	-0-	-0-	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	21(d)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-	23
24. Independent Expenditures (use Schedule E)	8,500.00	8,500.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	8,500.00	8,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	8,500.00	8,500.00	31
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,600.00	4,600.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,600.00	4,600.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER

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 committees.

NAME OF COMMITTEE (In Full)

ESOP PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Rabinowitz P.O. Box 2220 Vernon, Connecticut 06066	Wolff-Zackin & Associates, Inc.	2/3/98	\$ 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance agent Aggregate Year-to-Date > \$ 50.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Winslow 14800 Quorum Drive - Suite 200 Dallas, Texas 75240	Benefit Capital	2/3/98	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation consultant Aggregate Year-to-Date > \$ 100.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Way 250 Cambridge Avenue - #300 Palo Alto, California 94306-0190	Thoits Insurance	2/3/98	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation insurance broker Aggregate Year-to-Date > \$ 100.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger R. Herting 16000 College Blvd. Overland Park, Kansas 66213-3080	The Terracon Companies, Inc.	2/3/98	\$ 150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CPA Aggregate Year-to-Date > \$ 150.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Richey 7325 East 62nd Street Tulsa, Oklahoma 74133	Richey Industries, Inc.	2/3/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO 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
George Singleton P.O. Box 717 Waxahachie, Texas 75168	Citizens National Bank	2/3/98	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation banker Aggregate Year-to-Date > \$ 100.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Malon Wilkus #3 Bethesda Metro - Suite 860 Bethesda, Maryland	American Capital Strategies	2/3/98	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation investment banker Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

\$1,700

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

ESOP PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Delores L. Thomas 5311 Grand Blvd. New Port Richey, Florida 34652	Ewing & Thomas	2/3/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physical therapist	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Lisenby 7700 San Felipe Road - Suite 320 Houston, Texas 77063	self-employed	2/3/98	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation independent ESOP trustee	Aggregate Year-to-Date > \$ 100.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth J. Slipka 501 East Cliff Road - Suite 100 Burnsville, Minnesota 55337	Force America, Inc.	2/3/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation manager	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
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C.W. Conn, Jr. P.O. Box 2358 Beaumont, Texas 77704	Appliance Underwriters	2/3/98	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation executive	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. Carter Myers, III P.O. Box 7823 Charlottesville, Virginia 22906	Carter Myers & Associates	2/9/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation automobile dealer	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David L. Hein 2160 Superior Avenue Cleveland, Ohio 44114	The Chilcote Company	2/27/98	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 100.00	

\$1,950

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

ESOP PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Delores L. Thomas 5311 Grand Blvd. New Port Richey, Florida 34652	Ewing & Thomas	2/27/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: physical therapist Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karl A.A. Reuther P.O. Box 148 Cuyahoga Falls, Ohio 44222	Reuther Mold & Manufacturing	3/11/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Delores L. Thomas 5311 Grand Blvd. New Port Richey, Florida 34652	Ewing & Thomas	3/24/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: physical therapist Aggregate Year-to-Date > \$ 700.00		
D. 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
E. 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: 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 checked="" 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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$950

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 1 OF 3
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

ESOP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Danny K. Davis for Congress '98 Primary 1899 L Street, N.W. - Suite 500 Washington, D.C. 20036	general primary Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/16/98	\$ 250.00
B. Full Name, Mailing Address and ZIP Code Re-Elect Nancy Johnson to Congress Committee 4451 Brookfield Corporate Drive Chantilly, Virginia 20151-1652	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/24/98	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Spence for Congress Committee 4451 Brookfield Corporate Drive-Suite 200 Chantilly, Virginia 20151-1652	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/98	\$ 500.00
D. Full Name, Mailing Address and ZIP Code Citizens for Tom Petri 4451 Brookfield Corporate Drive Chantilly, Virginia 20151-1652	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/98	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Jerry Weller for Congress 4451 Brookfield Corporate Drive-Suite 200 Chantilly, Virginia 20152-1652	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/98	\$ 250.00
F. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Congressman Dana Rohrbacher P.O. Box 16021 Alexandria, Virginia 22302	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/98	\$ 500.00
G. Full Name, Mailing Address and ZIP Code Dick Arney Campaign Committee 4451 Brookfield Corporate Dr.-Suite 200 Chantilly, Virginia 20151-1652	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/98	\$ 250.00
H. Full Name, Mailing Address and ZIP Code Buck McKeon for Congress 4451 Brookfield Corporate Dr.-Suite 200 Chantilly, Virginia 20151-1652	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/98	\$ 500.00
I. Full Name, Mailing Address and ZIP Code John Breaux Committee P.O. Box 4042 Baton Rouge, Louisiana 70821	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/98	\$ 500.00

SUBTOTAL of Disbursements This Page (optional)

\$4,250

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

ESOP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McCrary for Congress Committee P.O. Box 4650 Shreveport, Louisiana 71134	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/98	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Mica for Congress P.O. Box 181545 Casselberry, Florida 32718-1546	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/26/98	\$ 250.00
C. Full Name, Mailing Address and ZIP Code Walter Jones for Congress P.O. Box 99667 Raleigh, North Carolina 27624	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/98	\$ 250.00
D. Full Name, Mailing Address and ZIP Code Levin for Congress Committee 436 New Jersey Avenue, S.E. Washington, D.C. 20003	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/10/98	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Thurman for Congress 3610 38th Street, N.W. - #F270 Washington, D.C. 20016	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/98	\$ 500.00
F. Full Name, Mailing Address and ZIP Code Coble for Congress 4451 Brookfield Corporate Dr.-Suite 200 Chantilly, Virginia 20151-1652	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/98	\$ 250.00
G. Full Name, Mailing Address and ZIP Code Weller for Congress P.O. Box 37 Joliet, Illinois 60434	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	\$ 500.00
H. Full Name, Mailing Address and ZIP Code John Breaux Committee P.O. Box 4042 Baton Rouge, Louisiana 70821	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	\$ 500.00
I. Full Name, Mailing Address and ZIP Code Re-Elect Nancy Johnson to Congress Committee 4451 Brookfield Corporate Dr.-Suite 200 Chantilly, Virginia 20151-1652	primary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	\$ 500.00

SUBTOTAL of Disbursements This Page (optional)

\$3,750

TOTAL This Period (next page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
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NAME OF COMMITTEE (In Full)

ESOP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sherman for Congress P.O. Box 75214 Washington, D.C. 20013	general Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/98	\$ 500.00
B. 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
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)


\$500.00

TOTAL This Period (last page this line number only)

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 4-7-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
 PREPARER	4-7-98 DATE PREPARED