

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

U.S. FEDERAL ELECTION COMMISSION MAIL ROOM

AUG 3 9 05 AM '99

USE FEC MAILING LABEL OR PRINT TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
CONSERVATIVE LEADERSHIP PAC

ADDRESS (number and street) Check if different than previously reported
3128 N. 17th STREET

CITY, STATE and ZIP CODE
ARLINGTON, VA 22201

2. FEC IDENTIFICATION NUMBER
C00070363

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>3/16/99</u> through <u>6/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>			\$ 1410.67
(b) Cash on Hand at Beginning of Reporting Period		\$ 1062.75	
(c) Total Receipts (from Line 19)		\$ 21,454.00	\$ 22,434.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 22,516.75	\$ 23,844.67
7. Total Disbursements (from Line 30)		\$ 4,771.92	\$ 6,099.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 17,744.83	\$ 17,744.83
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -	

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

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

Type or Print Name of Treasurer
HOWARD P. ESTES, JR.

Signature of Treasurer
[Signature]

Date
7/29/99

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 CONSERVATIVE LEADERSHIP PAC	REPORT COVERING PERIOD	
	FROM 3/16/99	TO 6/30/99
	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)		
ii. Unitemized		
iii. Total (add i and ii) >	21,454.00	22,434.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	21,454.00	22,434.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	21,454.00	22,434.00
20. Total Federal Receipts (subtract line 18 from line 19) >	21,454.00	22,434.00
II Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	2771.92	4099.84
b. Other Federal Operating Expenditures	2771.92	4099.84
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees	2000.00	2000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements	4771.92	6099.84
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4771.92	6099.84
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		
III Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	21,454.00	22,434.00
33. Total Contribution Refunds (from line 28d)	-	-
34. Net Contributions (other than loans) (subtract line 33 from 32)	21,454.00	22,434.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2771.92	4099.84
36. Offsets to Operating Expenditures (from line 15)	-	-
37. Net Operating Expenditures (subtract line 36 from 35) >	2771.92	4099.84

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)

CONSERVATIVE LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. EDGAR J. VILHEIN 500 SKOKIE BLVD. NORTHBROOK, IL 60062	Retired	4/7/99	2000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2000 ⁰⁰		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. ROBERT D. YOUNG 307 MENSINGER AVENUE MODESTO, CA 95350	Retired	4/10/99	1000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000 ⁰⁰		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. JAMES A. PATTERSON TEN THOUSAND BLDG SHELBYVILLE ROAD LOUISVILLE, KY 40223	Self-employed Investor	4/9/99	1000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000 ⁰⁰		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. LUNSFORD RICHARDSON 7 INDIAN SPRING ROAD ROWAYTON, CT 06853	None	4/9/99	1000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000 ⁰⁰		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. CHARLES P. McQUAID 1341 TURVEY ROAD DOWNERS GROVE, IL 60515	WANGER ASSET MANAGEMENT Portfolio Manager	4/7/99	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500 ⁰⁰		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. WARREN G. REYNATH, JR. 12342 CREEKHAVEN DR. ST. LOUIS, MO 63131	Retired	4/10/99	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500 ⁰⁰		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. RICHARD E. HORNER ONE TOWERS PARK LANE SAN ANTONIO, TX 78209	Retired	4/10/99	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500 ⁰⁰		

SUBTOTAL of Receipts This Page (optional)

6500⁰⁰

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
CONSERVATIVE LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code MR. W. ROY HOGAN, JR. 2408 MARIKA CIRCLE WICHITA FALLS, TX 76308	Name of Employer SELF-EMPLOYED	Date (month, day, year) 4/10/99	Amount of Each Receipt this Period 500⁰⁰
	Occupation GEOLOGIST	Aggregate Year-to-Date > \$ 500⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

B. Full Name, Mailing Address and ZIP Code MR. SAUNDERS JONES 66 PINE CREST ROAD BIRMINGHAM, AL 35223	Name of Employer	Date (month, day, year) 4/7/99	Amount of Each Receipt this Period 250⁰⁰
	Occupation RETIRED	Aggregate Year-to-Date > \$ 250⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

C. Full Name, Mailing Address and ZIP Code MR. STUART C. IRBY, JR. P.O. BOX 1819 JACKSON, MS 39215	Name of Employer	Date (month, day, year) 4/9/99	Amount of Each Receipt this Period 250⁰⁰
	Occupation RETIRED	Aggregate Year-to-Date > \$ 250⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

D. Full Name, Mailing Address and ZIP Code MR. CHARLES SHIPLEY 71 VISTA AVENUE AUBURN DALE, MA 02166	Name of Employer	Date (month, day, year) 4/13/99	Amount of Each Receipt this Period 250⁰⁰
	Occupation RETIRED	Aggregate Year-to-Date > \$ 250⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

E. Full Name, Mailing Address and ZIP Code MR. ELMER E. MCKESSON 903 N. MAIN STREET, #128 SAN ANGELO, TX 76903	Name of Employer	Date (month, day, year) 4/19/99	Amount of Each Receipt this Period 250⁰⁰
	Occupation RETIRED	Aggregate Year-to-Date > \$ 250⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

F. Full Name, Mailing Address and ZIP Code MR. STEVEN P. J. WOOD 2727 SOUTH OCEAN BLVD. HIGHLAND BEACH, FL 33487	Name of Employer	Date (month, day, year) 4/29/99	Amount of Each Receipt this Period 2500⁰⁰
	Occupation RETIRED	Aggregate Year-to-Date > \$ 2500⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

G. Full Name, Mailing Address and ZIP Code MRS. BRUNSWICK DEUTSCH 150 BROADWAY, #1109 NEW ORLEANS, LA 70118	Name of Employer	Date (month, day, year) 6/7/99	Amount of Each Receipt this Period 1000⁰⁰
	Occupation HOUSEWIFE	Aggregate Year-to-Date > \$ 1000⁰⁰	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	5000⁰⁰
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 11

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NAME OF COMMITTEE (in Full)

CONSERVATIVE LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
✓ MR. M. R. ROGERS 18775 FOSS HILL ROAD CALISTOGA, CA 94515	Occupation RETIRED	6/8/99	250 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350 ⁰⁰		
B. 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 > \$	
C. 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 > \$	
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 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 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 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)

250⁰⁰

TOTAL This Period (last page this line number only)

11,750⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in full)

CONSERVATIVE LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CW ACCOUNTING SERVICES 10404 WOODBURY WOODS CT. FAIRFAX VA 22032	PROF. SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/99	200 ⁰⁰
B. Full Name, Mailing Address and ZIP Code RIK HENDRIX 10292 JAMAICA LANE MANASSAS, VA 22110	PROF. SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/99	500 ⁰⁰
C. Full Name, Mailing Address and ZIP Code NATIONS BANK P.O. BOX 27025 RICHMOND, VA 23261	BANK CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/99	18.73
D. Full Name, Mailing Address and ZIP Code ADVANCED MAILING SERVICES 14970 FARM CREEK DRIVE WOODBRIDGE, VA 22191	PRINTING/POSTAGE/MAILING COSTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/99	1245.12
E. Full Name, Mailing Address and ZIP Code SIR SPEEDY 7010 LITTLE RIVER TURNPIKE ANNANDALE, VA 22003	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/99	708.07
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)

2671.92

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

CONSERVATIVE LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHRISTINA JEFFRIES FOR CONGRESS 112 CHERRY STREET ADAIRSVILLE, GA 30103	U.S. HOUSE - GA 6 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>SPREAD</u>	4/15/99	2000 ⁰⁰
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)

2000⁰⁰

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 7/31/99
<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	

SN
PREPARER

08/03/99
DATE PREPARED