

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

Oct 13 11 24 AM '98

1. NAME OF COMMITTEE (in full) The National Leadership PAC		2. FEC IDENTIFICATION NUMBER C00302588
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. P.O. Box 5577, Manhattanville Stat		
CITY, STATE and ZIP CODE New York, NY 10027		
3. <input checked="" type="checkbox"/> This committee 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

- 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	09/01/98 through 09/30/98		
6. (a) Cash on Hand January 1, 19__98			\$67272.25
(b) Cash on Hand at Beginning of Reporting Period		\$58903.78	
(c) Total Receipts (from Line 19)		\$53229.98	\$118529.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$110133.74	\$185802.21
7. Total Disbursements (from Line 30)		\$24848.49	\$100478.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$85285.25	\$85323.25
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)			

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

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

George A. Dalley

Signature of Treasurer

George A. Dalley For Treasurer

Date

10/1/98

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

FEC FORM 3X
(Revised 8/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE The National Leadership PAC		REPORT COVERING PERIOD FROM 09/01/98 TO: 09/30/98	
I. 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)	\$45286.00	\$89886.00	11(a)(i)
ii. Unitemized	\$0.00	\$0.00	11(a)(ii)
iii. Total (add i and ii)	\$45286.00	\$89886.00	11(a)(iii)
b. Political Party Committees	\$0.00	\$0.00	11(b)
c. Other Political Committees (such as PACs)	\$7843.96	\$28843.96	11(c)
d. Total Contributions (add a ii, b and c)	\$53229.96	\$118529.96	11(d)
12. Transfers From Affiliated/Other Party Committees	\$0.00	\$0.00	12
13. All Loans Received	\$0.00	\$0.00	13
14. Loan Repayments Received	\$0.00	\$0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	\$0.00	\$0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	\$0.00	\$0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	\$0.00	\$0.00	17
18. Transfers from Nonfederal Account for Joint Activity	\$0.00	\$0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	\$53229.96	\$118529.96	19
20. Total Federal Receipts (subtract line 18 from line 19)	\$53229.96	\$118529.96	20
II. DISBURSEMENTS			
21. Operating Expenditures:			
a. Shared Federal/Non Federal Activity (from Schedule H4)			
i. Federal Share	\$0.00	\$0.00	21(a)(i)
ii. Non-Federal Share	\$0.00	\$0.00	21(a)(ii)
b. Other Federal Operating Expenditures	\$4223.49	\$11353.96	21(b)
c. Total Operating Expenditures (add a i, a ii, and b)	\$4223.49	\$11353.96	21(c)
22. Transfers to Affiliated/Other Party Committees	\$0.00	\$0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$20125.00	\$88525.00	23
24. Independent Expenditures (use Schedule E)	\$0.00	\$0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))(use Schedule F)	\$0.00	\$0.00	25
26. Loan Repayments Made	\$0.00	\$0.00	26
27. Loans Made	\$0.00	\$0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	\$500.00	\$500.00	28(a)
b. Political Party Committees	\$0.00	\$0.00	28(b)
c. Other Political Committees (such as PACs)	\$0.00	\$0.00	28(c)
d. Total Contribution Refunds (add a, b and c)	\$500.00	\$500.00	28(d)
29. Other Disbursements	\$0.00	\$0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	\$24848.49	\$100478.96	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	\$24848.49	\$100478.96	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	\$53229.96	\$118529.96	32
33. Total Contribution Refunds (from line 28d)	\$500.00	\$500.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$52729.96	\$118029.96	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	\$4223.49	\$11353.96	35
36. Offsets to Operating Expenditures (from line 15)	\$0.00	\$0.00	36
37. Net Operating Expenditures (subtract line 36 from 35)	\$4223.49	\$11353.96	37

SCHEDULE A

ITEMIZED RECEIPTS

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)
The National Leadership PAC

Full Name, Mailing Address and Zip Code Marcia Allina 5255 Sycamore Ave Bronx, NY 10471-	Name of Employer Human Rights Watch Occupation Administration	Date (month, day, year) 09/14/98	Amount of Each Receipt this Period \$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$100.00		
Full Name, Mailing Address and Zip Code Kenneth J. Bacon 1900 Market Street, Suite 800 Philadelphia, PA 19103-3527	Name of Employer FANNIE MAE Occupation SENIOR V.P.	Date (month, day, year) 09/28/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
Full Name, Mailing Address and Zip Code Gabriel Dolagaray Balado P.O. Box 363428 San Juan, PR 00936-3428	Name of Employer Cooperativa De Seguros Occupation PRESIDENT	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period \$1500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1500.00		
Full Name, Mailing Address and Zip Code Robert B. Bianco 138 N. Jackson Street Arlington, VA 22201-	Name of Employer Watz, Bianco & Assoc Occupation PARTNER	Date (month, day, year) 09/28/98	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$250.00		
Full Name, Mailing Address and Zip Code Carlos Muñoz Bravo Urb Tintillo Gardens B9 Calle 1 Guaynabo, PR 00966-	Name of Employer Triple-S, Inc. Occupation PRESIDENT	Date (month, day, year) 09/01/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
Full Name, Mailing Address and Zip Code Jose A. Brull Cestero HC 645 Box 4975 Trujillo Alto, PR 00976-	Name of Employer COSUI Occupation VICE PRESIDENT	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period \$1500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1500.00		
Full Name, Mailing Address and Zip Code Angel W. Hernandez Colon Institute San Pablo, Suite 501 Bayamon, PR 00961-	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN	Date (month, day, year) 09/01/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		

SUBTOTAL of Receipts This Page (optional)	\$4850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
The National Leadership PAC

Full Name, Mailing Address and Zip Code Ivan Colon Paseo Real D-25 Calle A San Juan, PR 00926- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Hospital Auxilio Mutuo Occupation ADMINISTRATOR Aggregate Year-to-Date -> \$2500.00	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period \$2500.00
Full Name, Mailing Address and Zip Code Earl Harper Curtin 610 Ave. Miramar #10-A San Juan, PR 00907- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Triple-S, Inc. Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 09/01/98	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code William N. Deatly 32 Prospect St Summit, NJ 07901-2522 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Communication Land Title Occupation Sales Person Aggregate Year-to-Date -> \$200.00	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period \$200.00
Full Name, Mailing Address and Zip Code Miguel A. Vazquez Deynes Ave. Franklin D. Roosevelt 1441 San Juan, PR 00920- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Triple-S, Inc. Occupation PRESIDENT Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 09/01/98	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code Ronald I. Dozoretz, MD 240 Corporate Blvd Norfolk, VA 23502- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Options Health Care, Inc. Occupation C.E.O. Aggregate Year-to-Date -> \$5000.00	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period \$5000.00
Full Name, Mailing Address and Zip Code Marcos A. Vidal Gambaro Camino De Velared/ NH-22 Mansion Norte Toa Baja, PR 00949- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Triple-S, Inc. Occupation SENIOR VICE PRESIDENT Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 09/01/98	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code John F. Greenfield 827 W. Idaho Boise, ID 83702- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer SELF-EMPLOYED Occupation ATTORNEY Aggregate Year-to-Date -> \$100.00	Date (month, day, year) 09/28/98	Amount of Each Receipt this Period \$100.00

SUBTOTAL of Receipts This Page (optional)	\$9300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
The National Leadership PAC

Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Everett B. Hamilton 2745 29th Street, NW, #510 Washington, DC 20008-	The Winder Co. Occupation PRESIDENT	09/28/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$250.00	
Craig M. Hatkoff 1 West 72nd Street, #84 New York, NY 10023-	Capital Trust Occupation CHAIRMAN	09/16/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
Jeffery R. Hayward 3900 Wisconsin Avenue, NW Washington, DC 20016-	FANNIE MAE Occupation EXECUTIVE	09/16/98	\$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$150.00	
Kathleen Hendrix 2810 P Street, NW Washington, DC 20007-	SELF-EMPLOYED Occupation CONSULTANT	09/28/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
Louis W. Hoyes 4001 Mansion Drive, NW Washington, DC 20007-	FANNIE MAE Occupation SENIOR V.P.	09/28/98	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$500.00	
Robert C. Huntley 604 San Felipe Way Boise, ID 83712-	SELF-EMPLOYED Occupation ATTORNEY	09/28/98	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$100.00	
Miguel Echenique Iparraquirre URB University Gardens 1013 Calle Fordham San Juan, PR 00927-4824	Hospital Auxilio Mutuo Occupation EXECUTIVE DIRECTOR	09/03/98	\$2500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$2500.00	

SUBTOTAL of Receipts This Page (optional)	\$4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

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NAME OF COMMITTEE (In Full)
The National Leadership PAC

Full Name, Mailing Address and Zip Code James A. Johnson 3900 Wisconsin Avenue, NW Washington, DC 20016- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer FANNIE MAE Occupation CHAIRMAN Date (month, day, year) 09/28/98 Aggregate Year-to-Date -> \$250.00	Amount of Each Receipt this Period \$250.00
Full Name, Mailing Address and Zip Code John A. Kelly 3645 Kanawha Street, NW Washington, DC 20015- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer KELLY & ASSOCIATES Occupation C.E.O. Date (month, day, year) 09/28/98 Aggregate Year-to-Date -> \$500.00	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and zip Code Rufus G. King, Jr. 3524 Williamsburg Ln., NW Washington, DC 20008- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Ledesma & Rodriguez Occupation PRESIDENT Date (month, day, year) 09/28/98 Aggregate Year-to-Date -> \$500.00	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code Manuel E. Ledesma P.O. Box 8848 Fernandez Station San Juan, PR 00910- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer FANNIE MAE Occupation EXECUTIVE Date (month, day, year) 09/03/98 Aggregate Year-to-Date -> \$500.00	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code Jodie Levin-Epstein 3335 Quasada Street, NW Washington, DC 20015- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer FANNIE MAE Occupation EXECUTIVE Date (month, day, year) 09/16/98 Aggregate Year-to-Date -> \$500.00	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code Rachel R. Lieberman 610 West End Avenue New York, NY 10024- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Date (month, day, year) 09/16/98 Aggregate Year-to-Date -> \$36.00	Amount of Each Receipt this Period \$36.00
Full Name, Mailing Address and Zip Code Dr. Fernando L. Longo Torre San Pablo Suite 201 Calle Santa Cruz 68 San Juan, PR 00916- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Date (month, day, year) 09/01/98 Aggregate Year-to-Date -> \$500.00	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$2786.00

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

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NAME OF COMMITTEE (In Full)
The National Leadership PAC

Full Name, Mailing Address and Zip Code Dr. Richard Machado Box 306 Bayamon, PR 00960-	Name of Employer Hospital Hermanos Melendez Occupation EXECUTIVE DIRECTOR	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period \$5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$5000.00		
Full Name, Mailing Address and Zip Code Robert H. Maloney 4021 19th Street, NE Washington, DC 20018-	Name of Employer FANNIE MAE Occupation Dir. Govt. Relations	Date (month, day, year) 09/16/98	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$100.00		
Full Name, Mailing Address and Zip Code Dr. Francisco Somoza Martinez Alt. De Torrimar B7-2 Calle 2 Guaynabo, PR 00969-	Name of Employer SELF-EMPLOYED Occupation DENTIST	Date (month, day, year) 09/01/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
Full Name, Mailing Address and Zip Code Dr. Gerardo S. Martorell L-4 Terrace Garden Hills Guaynabo, PR 00966-	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN	Date (month, day, year) 09/01/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
Full Name, Mailing Address and Zip Code Anne L. Metcalf 820 Duke Street Alexandria, VA 22314-	Name of Employer Occupation	Date (month, day, year) 09/28/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
Full Name, Mailing Address and Zip Code Manfred Ohrenstein 230 Park Ave New York, NY 10169-	Name of Employer Ohrenstein & Brown LLP Occupation ATTORNEY	Date (month, day, year) 09/08/98	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		MEMO
Full Name, Mailing Address and Zip Code Ohrenstein & Brown, LLP 230 Park Ave New York, NY 10169-	Name of Employer Partnership Attribution Listed Individually Occupation	Date (month, day, year) 09/08/98	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		

SUBTOTAL of Receipts This Page (optional)

\$7600.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)
The National Leadership PAC

Full Name, Mailing Address and Zip Code Dr. Norma Ortiz Dorado Beach Estates #9 San Juan, PR 00910- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Hospital Hermanos Melendez Occupation Medical Director Aggregate Year-to-Date -> \$5000.00	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period \$5000.00
Full Name, Mailing Address and Zip Code Jose F. Rodriguez Perello Villa Caparra 23 Calle G Guaynabo, PR 00966- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Ledesma & Rodriguez Insurance Occupation EXECUTIVE VICE PRESIDENT Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code Franklin D. Raines 3006 Albemarle Street, NW Washington, DC 20008- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer PANNIE MAE Occupation CHAIRMAN Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 09/28/98	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code Thomas S. Ralston RR 5 Box 114, Rt 5 Canastota, NY 13032- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Ralston Supply Center Occupation OWNER Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 09/14/98	Amount of Each Receipt this Period \$250.00
Full Name, Mailing Address and Zip Code Crispulo M. Rivera 602 Torke San Pablo Bayamon, PR 00960- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer SELF-EMPLOYED Occupation CONSULTANT Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 09/01/98	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code Dr. Luis Raul Ruiz Rivera calle Salud Esq Aurora Ponce, PR 00731- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 09/01/98	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code Guillermo I. Marrero Rivera P.O. Box 1366 Dorado, PR 00646-1366 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Drogueria Central Inc Occupation PRESIDENT Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)

\$8250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
The National Leadership PAC

Full Name, Mailing Address and Zip Code Lawrence M. Small 2804 Woodland Drive, NW Washington, DC 20008-2742 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer FANNIE MAE Occupation PRESIDENT Date (month, day, year) 09/28/98 Amount of Each Receipt this Period \$1000.00 Aggregate Year-to-Date -> \$1000.00
Full Name, Mailing Address and Zip Code Stacey D. Steed 1319 McGill Park Ave Atlanta, GA 30312- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer FANNIE MAE Occupation EXECUTIVE Date (month, day, year) 09/16/98 Amount of Each Receipt this Period \$250.00 Aggregate Year-to-Date -> \$250.00
Full Name, Mailing Address and Zip Code Sterling Tucker Associates 1100 Connecticut Avenue, NW, Suite 1200 Washington, DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Partnership Attribution Listed Individually Occupation Date (month, day, year) 09/28/98 Amount of Each Receipt this Period \$500.00 Aggregate Year-to-Date ->
Full Name, Mailing Address and Zip Code Aileen Rosso Tridas P.O. Box 236 Bayamon, PR 00960- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer HOUSEWIFE Occupation Date (month, day, year) 09/03/98 Amount of Each Receipt this Period \$5000.00 Aggregate Year-to-Date -> \$5000.00
Full Name, Mailing Address and Zip Code Gloria Marshak Weissberg 3029 Q Street, NW Washington, DC 20007- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Envirotech Occupation PRINCIPAL Date (month, day, year) 09/28/98 Amount of Each Receipt this Period \$500.00 Aggregate Year-to-Date -> \$500.00
Full Name, Mailing Address and Zip Code Karen Hastie Williams 1001 Pennsylvania Avenue, NW., #1100 Washington, DC 20004- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Crowell & Moring Occupation PARTNER Date (month, day, year) 09/28/98 Amount of Each Receipt this Period \$250.00 Aggregate Year-to-Date -> \$250.00
Full Name, Mailing Address and Zip Code David W. Wilmot 1653 Kalmia Rd Washington, DC 20012- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Harmon & Wilmot LLP Occupation PARTNER Date (month, day, year) 09/28/98 Amount of Each Receipt this Period \$500.00 Aggregate Year-to-Date -> \$500.00

SUBTOTAL of Receipts This Page (optional)	\$8000.00
TOTAL This Period (last page this line number only)	\$45286.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
The National Leadership PAC

Full Name, Mailing Address and Zip Code AMERICAN HOSPITAL ASSOCIATION PAC Chicago, IL 60606- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Date (month, day, year) 09/14/98 Aggregate Year-to-Date -> \$5000.00	Amount of Each Receipt this Period \$5000.00
Full Name, Mailing Address and zip Code Arent, Fox Civic Participation Fund 1050 Connecticut Avenue, NW Washington, DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Date (month, day, year) 09/28/98 Aggregate Year-to-Date -> \$1000.00	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code Collier, Shannon, Will & Scott PAC 3050 K Street, NW, Suite 400 Washington, DC 20007- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Date (month, day, year) 09/28/98 Aggregate Year-to-Date -> \$1000.00	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code Metropolitan Life Insurance Co. PAC 1620 L Street, NW, Suite 800 Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Date (month, day, year) 09/14/98 Aggregate Year-to-Date -> \$4443.96	Amount of Each Receipt this Period \$443.96 IN-KIND
Full Name, Mailing Address and Zip Code O'Helveny & Myers PAC 555 13th Street, NW Washington, DC 20004-1109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Date (month, day, year) 09/28/98 Aggregate Year-to-Date -> \$500.00	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Date (month, day, year) / / Aggregate Year-to-Date ->	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify)	Name of Employer Occupation Date (month, day, year) / / Aggregate Year-to-Date ->	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$7943.96

TOTAL This Period (last page this line number only)

\$7943.96

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
The National Leadership PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Metropolitan Life Insurance Co. PAC 1620 L Street, NW, Suite 800 Washington, DC 20036-	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/98	\$443.96 IN KIND
Full Name, Mailing Address and Zip Code POSTMASTER SOUTH ORANGE South Orange, NJ 07079-	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/17/98	Amount of Each Disbursement This Period \$160.00
Full Name, Mailing Address and Zip Code POSTMASTER SOUTH ORANGE South Orange, NJ 07079-	Purpose of Disbursement Postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/15/98	Amount of Each Disbursement This Period \$96.00
Full Name, Mailing Address and Zip Code The Hunt Printing Co. 302 West 134th Street New York, NY 10030-	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/22/98	Amount of Each Disbursement This Period \$3523.53
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
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
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)	\$4223.49
TOTAL This Period (last page this line number only)	\$4223.49

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
The National Leadership PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bud Cramer for Congress 417 Eustis Avenue Huntsville, AL 35801-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/98	\$1000.00
CBC-PAC 1311 L. Street, NW, Suite 200 Washington, DC 20005-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/98	\$5000.00
Carol Moseley-Braun For U.S. Senate 236 Massachusetts Ave, NE, #202 Washington, DC 20002-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/98	\$125.00
Charles Stenholm for Congress P.O. Box 5879 Abilene, TX 79608-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/98	\$1000.00
DCCC 430 South Capital St. Washington, DC 20003-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/98	\$1000.00
Eva Clayton For Congress 307 West Franklin St. Warrenton, NC 27589-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/98	\$1000.00
Eva Clayton For Congress 307 West Franklin St. Warrenton, NC 27589-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/14/98	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$10125.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
The National Leadership PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jean Bordewyck For Congress 37 West Market Street Red Hook, NY 12571-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/25/98	\$1000.00
Jim Turner For Congress P.O. Box 780 Crockett, TX 75835-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/98	\$1000.00
Lane Evans For Congress P.O. Box 5263, 3rd Ave, Rm 308 Rock Island, IL 61204-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/98	\$1000.00
Max Sandlin for Congress P.O. Box 1281 Marshall, TX 75670-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/98	\$1000.00
Sanford Bishop for Congress P.O. Box 909 Columbus, GA 31902-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/98	\$1000.00
The Blue Dog PAC P.O. Box 7668 Washington, DC 20044-7668	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/98	\$5000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	\$10000.00
TOTAL This Period (last page this line number only)	\$20125.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In full)
 The National Leadership PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sterling Tucker Associates 1100 Connecticut Avenue, NW, Suite 1200 Washington, DC 20036-	Corporate Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/28/98	\$500.00
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):	/ /	Amount of Each Disbursement This Period
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):	/ /	Amount of Each Disbursement This Period
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):	/ /	Amount of Each Disbursement This Period
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):	/ /	Amount of Each Disbursement This Period
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):	/ /	Amount of Each Disbursement This Period
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):	/ /	Amount of Each Disbursement This Period
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):	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$500.00
TOTAL This Period [last page this line number only]	\$500.00

CONDUIT MEMO ENTRIES

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the detailed Summary Page	PAGE	DP
	1	1
FOR LINE NUMBER		
N/A		

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NAME OF COMMITTEE (In Full)
The National Leadership PAC

Full Name, Mailing Address and Zip Code ATLA PAC 1050 31st Street, NW Washington, DC 20007- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 09/23/98 \$5000.00	Amount of Each Receipt this Period \$5000.00 memo
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

\$5000.00

TOTAL This Period (last page this line number only)

\$5000.00

CONDUIT MEMO ENTRIES

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
N/A		

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NAME OF COMMITTEE (In Full)
The National Leadership PAC

Full Name, Mailing Address and Zip Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Joseph Crowley For Congress 84-56 Grand Avenue Flushing, NY 11373-	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/23/98	\$5000.00 memo
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period
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)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$5000.00
TOTAL This Period (last page this line number only)	\$5000.00

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 <i>10-06-98</i>
<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>KPT</i> PREPARER	<i>10-13-98</i> DATE PREPARED