

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUL 6 1 09 PM '98

1. NAME OF COMMITTEE (in full)  
**CAT PAC**

ADDRESS (number and street)  Check if different than previously reported  
**400 Capitol Mall, Suite 1560**

CITY, STATE and ZIP CODE  
**Sacramento CA 95814**

2. FEC IDENTIFICATION NUMBER  
**C00326439**

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

- 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
6. Covering Period	6/1/98 through 6/30/98		
6. (a)	Cash on Hand January 1, 1998		\$ 19,515.89
6. (b)	Cash on Hand at Beginning of Reporting Period	\$ 11,370.56	
6. (c)	Total Receipts (from Line 1B)	\$ 10,000.00	\$ 14,500.00
6. (d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,370.56	\$ 30,015.89
7.	Total Disbursements (from Line 3C)	\$ 11,100.00	\$ 15,745.33
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,270.56	\$ 10,270.56
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 899 E Street, NW Washington, DC 20463 Toll Free 800-424-8530 Local 202-218-3420
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.

Type or Print Name of Treasurer: **David Bauer**

Signature of Treasurer: *David Bauer*      Date: **7/1/98**

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

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**FEC FORM 3X**  
(revised 9/93)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>CAT PAC</b>	REPORT COVERING PERIOD FROM <b>6/1/98</b> TO <b>6/30/98</b>		
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A) .....	2,000.00	7,500.00	11(a)(ii)
ii. Unitemized .....			11(a)(iii)
iii. Total .....	2,000.00	7,500.00	11(b)
b. Political Party Committees .....			11(c)
c. Other Political Committees (such as PACs) .....	6,000.00	12,000.00	11(d)
d. Total Contributions .....	10,000.00	19,500.00	12
12. Transfers From Affiliated/Other Party Committees .....			13
13. All Loans Received .....			14
14. Loan Repayments Received .....			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			17
17. Other Federal Receipts (Dividends, Interest, etc.) .....			18
18. Transfers from Nonfederal Account for Joint Activity .....			19
19. Total Receipts .....	10,000.00	19,500.00	20
20. Total Federal Receipts .....	10,000.00	19,500.00	
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share .....			21(a)(ii)
ii. Non-Federal Share .....	100.00	4,745.33	21(b)
b. Other Federal Operating Expenditures .....	100.00	4,745.33	21(c)
c. Total Operating Expenditures .....			22
22. Transfers to Affiliated/Other Party Committees .....	11,000.00	11,000.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees .....			24
24. Independent Expenditures (use Schedule E) .....			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....			26
26. Loan Repayments Made .....			27
27. Loans Made .....			
28. Refunds of Contributions To:			28(a)
a. Individual/Persons Other Than Political Committees .....			28(b)
b. Political Party Committees .....			28(c)
c. Other Political Committees (such as PACs) .....			28(d)
d. Total Contribution Refunds .....			29
29. Other Disbursements .....			30
30. Total Disbursements .....	11,100.00	15,745.33	31
31. Total Federal Disbursements .....	11,100.00	15,745.33	
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	10,000.00	19,500.00	32
33. Total Contribution Refunds (from line 28d) .....			33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	10,000.00	19,500.00	34
35. Total Federal Operating Expenditures .....	100.00	4,745.33	35
36. Offsets to Operating Expenditures (from line 15) .....			36
37. Net Operating Expenditures .....	100.00	4,745.33	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11a

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)**

CAT PAC

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Cantey Ergen 5330 Lakeshore Dr. Littleton CO 80123</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Echo Star Comm.</p> <p>Occupation executive</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 6/18/98</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Chitimacha Tribe of Louisiana P.O. Box 661 Charenton LA 70523</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Indian tribe</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 1,000.00</p>	<p>Date (month, day, year) 6/22/98</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

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

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

2000.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 116

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**NAME OF COMMITTEE (In Full)**

CAT PAC

<b>A. Full Name, Mailing Address and ZIP Code</b> John T. Deolittle for Congress 11954 Prospect Hill Gold River CA 95670		Name of Employer Id. #C0024276B	Date (month, day, year) 6/1/98	Amount of Each Receipt this Period 2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 3,000.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> Ford Motor Co. Civic Action Fund The American Rd. Dearborn MI 48121		Name of Employer	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 1,000.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> Manufactured Housing Inst. PAC 2101 Wilson Blvd., Suite 610 Arlington VA 22201		Name of Employer	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 500.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> Associated Equipment Distributors PAC 121 N. Henry St. Alexandria VA 22314		Name of Employer s PAC	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 500.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> USAA Group PAC USAA Building San Antonio TX 78288		Name of Employer	Date (month, day, year) 6/8/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 500.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> National Assoc. of Convenience Stores PAC 1605 King St. Alexandria VA 22314		Name of Employer Stores PAC	Date (month, day, year) 6/12/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 1,000.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> The Right to Work PAC 5240 Port Royal Rd. 211 Springfield VA 22151		Name of Employer	Date (month, day, year) 6/18/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 1,500.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 6,500.00

**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)**

CAT PAC

A. Full Name, Mailing Address and ZIP Code USTeam PAC 100 W. Putnam Ave. Greenwich CT 06830  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/30/98	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Bellsouth Corp. Employees' Federal PAC  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bellsouth Corp. Employees' Federal PAC  Occupation  Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 6/30/98	Amount of Each Receipt this Period 500.00
C. 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
D. 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
E. 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
F. 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
G. 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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1,500.00</b>
<b>TOTAL</b> This Period (last page the line number only) .....	<b>8,000.00</b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

CAT PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement accounting svc. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/8/98	Amount of Each Disbursement This Period 100.00
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) .....

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

100.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER  
23

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NAME OF COMMITTEE (in Full)

CAT PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aderhold for Congress 9th Ave. & 19th St. Haleyville AL 35565	Primary '98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/98	4,500.00
B. Full Name, Mailing Address and ZIP Code New Mexicans for Bill Redmond 2650 Sawmill Rd. Santa Fe NM 87505	Primary '98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/98	2,000.00
C. Full Name, Mailing Address and ZIP Code Bob Riley for Congress 83070 Hwy. 9 Ashland AL 36251	Primary '98 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6/1/98	4,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

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

14,000.00

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-1-98
<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	

JMU  
PREPARER

7-6-98  
DATE PREPARED