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NAME OF COMMITTEE (in Full)

CAMPAIGN AMERICA

C00088369

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
MR. DELHIS M. WOLF 1440 S OCEAN BLVD APT 11A POMPANO BEACH, FL 33062-7372		11/17/98	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate year-to-date >	\$365.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
MRS. BETTY K. WOLFE 4750 LONE STAR BLVD FORT WORTH, TX 76106-2185		11/10/98	\$ 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate year-to-date >	\$281.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
MR. JARED R. WOODFILL, V 6316 SEWANEE ST HOUSTON, TX 77065-3524	SELF	11/13/98	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY		
	Aggregate year-to-date >	\$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
MR. JOHN R. WOODHULL 3 HARBOR IS NEWPORT BEACH, CA 92660-7201	LOGICON INC	11/02/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS EXECUTIVE		
	Aggregate year-to-date >	\$400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
MR. JERRY L. WORDSWORTH PO BOX 800 ROCKY MOUNT, NC 27802-0806	REQUESTED	11/03/98	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED		
	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
MR. STEVE A. WORDSWORTH PO BOX 800 ROCKY MOUNT, NC 27802-0806	REQUESTED	11/03/98	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED		
	Aggregate year-to-date >	\$1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this period
DR. ENRIQUE T. YAP 510 W 10TH ST METROPOLIS, IL 62560-1562	SELF	10/16/98	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MD		
	Aggregate year-to-date >	\$350.00	

SUBTOTAL of Receipts This Page (optional)

\$ 3,750.00

TOTAL This Period (last page this line number only)