

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 21 10 07 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) United Food & Commercial Workers Active Ballot Club		2. FEC IDENTIFICATION NUMBER C00002766
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1775 K Street, N.W.		
CITY, STATE and ZIP CODE Washington, D.C. 20006-1598		
3. <input checked="" type="checkbox"/> 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
5. Covering Period <u>04/01/98</u> through <u>04/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ <u>762,089.71</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>842,502.75</u>	
(c) Total Receipts (from Line 1B)	\$ <u>172,648.80</u>	\$ <u>605,630.15</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>1,015,151.55</u>	\$ <u>1,367,719.86</u>
7. Total Disbursements (from Line 3D)	\$ <u>91,114.26</u>	\$ <u>443,682.57</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>924,037.29</u>	\$ <u>924,037.29</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>-0-</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>-0-</u>	

For further information contact:
Federal Election Commission
660 E Street, NW
Washington, DC 20483
Toll Free 800-424-9530
Local 202-219-3620

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 Joseph T. Hansen	Date 05/19/98
Signature of Treasurer <i>Joseph T. Hansen</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X

(revised 9/90)

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

(revised 1/1/91)

NAME OF COMMITTEE United Food & Commercial Workers Active Ballot Club	REPORT COVERING PERIOD		
	FROM 04/01/98	TO: 04/30/98	
	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)	13,382.38	24,280.88	11(a)(i)
ii. Unitemized	157,686.57	575,828.50	11(a)(ii)
iii. Total (add i and ii) >	171,068.95	600,109.38	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a ii, b and c) >	171,068.95	600,109.38	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.)	1,579.85	5,520.77	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) >	172,648.80	605,630.15	19
20. Total Federal Receipts (subtract line 18 from line 19) >	172,648.80	605,630.15	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	120.00	3,239.52	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	120.00	3,239.52	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	75,269.26	395,468.05	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	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. Individual/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	15,725.00	44,975.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	91,114.26	443,682.57	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	91,114.26	443,682.57	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	171,068.95	600,109.38	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	171,068.95	600,109.38	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	120.00	3,239.52	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	120.00	3,239.52	37

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports or 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)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code 023348087 ROBERT M ELLIS 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 206.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation EXEC ASST TO THE REG DIR	Aggregate Year-to-Date—\$	206.40
B. Full Name, Mailing Address and ZIP Code 024361244 THOMAS A WILKINSON POST OFFICE BOX 470 WESTPORT, CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation CDR	Aggregate Year-to-Date—\$	246.48
C. Full Name, Mailing Address and ZIP Code 024361244 THOMAS A WILKINSON POST OFFICE BOX 470 WESTPORT, CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 6.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation CDR	Aggregate Year-to-Date—\$	6.48
D. Full Name, Mailing Address and ZIP Code 031426969 RONALD R BERGSTROM POST OFFICE BOX 470 WESTPORT, CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$	246.48
E. Full Name, Mailing Address and ZIP Code 031426969 RONALD R BERGSTROM POST OFFICE BOX 470 WESTPORT, CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 6.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$	6.48
F. Full Name, Mailing Address and ZIP Code 040466049 VINCENT MURLO POST OFFICE BOX 470 WESTPORT, CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$	246.48
G. Full Name, Mailing Address and ZIP Code 040466049 VINCENT MURLO POST OFFICE BOX 470 WESTPORT, CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 6.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$	6.48
SUBTOTAL of Receipts This Page (optional)			945.84
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports or 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)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RONALD M PETRONELLA POST OFFICE BOX 470 WESTPORT CT 06881	UFCW LOCAL 0371	04-07-98	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	L/U REPRESENTATIVE		
	Aggregate Year-to-Date—\$	246.48	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RONALD M PETRONELLA POST OFFICE BOX 470 WESTPORT CT 06881	UFCW LOCAL 0371	04-07-98	5.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	L/U REPRESENTATIVE		
	Aggregate Year-to-Date—\$	6.48	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRIAN A PETRONELLA POST OFFICE BOX 470 WESTPORT CT 06881	UFCW LOCAL 0371	04-07-98	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	L/U REPRESENTATIVE		
	Aggregate Year-to-Date—\$	246.48	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRIAN A PETRONELLA POST OFFICE BOX 470 WESTPORT CT 06881	UFCW LOCAL 0371	04-07-98	6.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	L/U REPRESENTATIVE		
	Aggregate Year-to-Date—\$	6.48	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRIAN P TRUINI POST OFFICE BOX 470 WESTPORT CT 06881	UFCW LOCAL 0371	04-07-98	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	L/U REPRESENTATIVE		
	Aggregate Year-to-Date—\$	246.48	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRIAN P TRUINI POST OFFICE BOX 470 WESTPORT CT 06881	UFCW LOCAL 0371	04-07-98	5.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	L/U REPRESENTATIVE		
	Aggregate Year-to-Date—\$	5.48	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JULIAN ANDREOLI POST OFFICE BOX 470 WESTPORT CT 06881	UFCW LOCAL 0371	04-07-98	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
<input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	L/U REPRESENTATIVE		
	Aggregate Year-to-Date—\$	246.48	
SUBTOTAL of Receipts This Page (optional)			979.44
TOTAL This Period (see page this line number only)			

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ITEMIZED RECEIPTS

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Name of Committee (in full)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code JULIAN ANDREOLI POST OFFICE BOX 470 WESTPORT, CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 6.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—6 6.48	
B. Full Name, Mailing Address and ZIP Code LINDA L MOORE POST OFFICE BOX 470 WESTPORT, CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—9 246.48	
C. Full Name, Mailing Address and ZIP Code LINDA L MOORE POST OFFICE BOX 470 WESTPORT, CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 6.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—9 6.48	
D. Full Name, Mailing Address and ZIP Code MALCOLM A HAIGHT POST OFFICE BOX 470 WESTPORT, CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—8 246.48	
E. Full Name, Mailing Address and ZIP Code MALCOLM A HAIGHT POST OFFICE BOX 470 WESTPORT, CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 6.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—6 5.48	
F. Full Name, Mailing Address and ZIP Code PETER J SENA POST OFFICE BOX 470 WESTPORT, CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—8 246.48	
G. Full Name, Mailing Address and ZIP Code PETER J SENA POST OFFICE BOX 470 WESTPORT, CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 6.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—8 6.48	
SUBTOTAL of Receipts This Page (optional)			745.92
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (in full)			
UFCW ACTIVE BALLOF CLUB			
A. Full Name, Mailing Address and ZIP Code MARY A ROBINSON POST OFFICE BOX 470 WESTPORT CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 246.48	
B. Full Name, Mailing Address and ZIP Code MARY A ROBINSON POST OFFICE BOX 470 WESTPORT CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 6.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 6.48	
C. Full Name, Mailing Address and ZIP Code JOHN J CONLEY POST OFFICE BOX 470 WESTPORT CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation INTL REP	Aggregate Year-to-Date—\$ 246.48	
D. Full Name, Mailing Address and ZIP Code JOHN J CONLEY POST OFFICE BOX 470 WESTPORT CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 6.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation INTL REP	Aggregate Year-to-Date—\$ 6.48	
E. Full Name, Mailing Address and ZIP Code ROBERT A PETRONELLA POST OFFICE BOX 470 WESTPORT CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation NON-DIR INTL VP	Aggregate Year-to-Date—\$ 246.48	
F. Full Name, Mailing Address and ZIP Code ROBERT A PETRONELLA POST OFFICE BOX 470 WESTPORT CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 6.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation NON-DIR INTL VP	Aggregate Year-to-Date—\$ 6.48	
G. Full Name, Mailing Address and ZIP Code LORETTA A SARRO POST OFFICE BOX 470 WESTPORT CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 246.48	
SUBTOTAL of Receipts This Page (optional)			979.44
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports or 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)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code LORETTA A SARRO POST OFFICE BOX 470 WESTPORT CT 06881	Name of Employer UFCW LOCAL 0371	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 6.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 6.48	
B. Full Name, Mailing Address and ZIP Code KATIE R SHULLHAN 876 HORACE BROWN DRIVE MADISON HEIGHTS MI 48071	Name of Employer UFCW LOCAL 0876	Date (month, day, year) 04-16-98	Amount of Each Receipt This Period 19.20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation	Aggregate Year-to-Date—\$ 259.20	
C. Full Name, Mailing Address and ZIP Code NESSA B O'DOLE 876 HORACE BROWN DRIVE MADISON HEIGHTS MI 48071	Name of Employer UFCW LOCAL 0876	Date (month, day, year) 04-16-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation	Aggregate Year-to-Date—\$ 240.00	
D. Full Name, Mailing Address and ZIP Code FIDRIGI RENNE 18310 MONTGOMERY VILLAGE AVENUE SUITE 220 GAITHERSBURG MD 20879	Name of Employer UFCW LOCAL 1994	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 83.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 435.00	
E. Full Name, Mailing Address and ZIP Code ROBERT M CLARK 876 HORACE BROWN DRIVE MADISON HEIGHTS MI 48071	Name of Employer UFCW LOCAL 0876	Date (month, day, year) 04-16-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 240.00	
F. Full Name, Mailing Address and ZIP Code BRIAN C MURPHY 4375 STYERS FERRY ROAD WINSTON-SALEM NC 27104	Name of Employer UFCW LOCAL 0204	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 240.48	
G. Full Name, Mailing Address and ZIP Code BRIAN C MURPHY 4375 STYERS FERRY ROAD WINSTON-SALEM NC 27104	Name of Employer UFCW LOCAL 0204	Date (month, day, year) 04-07-98	Amount of Each Receipt This Period .24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$.24	
SUBTOTAL of Receipts This Page (optional)			829.17
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (in full)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code 219984334			
BRIAN C MURPHY 4375 STYERS FERRY ROAD WINSTON-SALEM, NC 27104		Name of Employer UFCW LOCAL 0204	Date (month, day, year) 04-07-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period .24
		Aggregate Year-to-Date—\$.48	
B. Full Name, Mailing Address and ZIP Code 219984334			
BRIAN C MURPHY 4375 STYERS FERRY ROAD WINSTON-SALEM, NC 27104		Name of Employer UFCW LOCAL 0204	Date (month, day, year) 04-07-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
		Aggregate Year-to-Date—\$ 480.48	
C. Full Name, Mailing Address and ZIP Code 248133630			
RICKY D BROWN 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349		Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
		Aggregate Year-to-Date—\$ 249.60	
D. Full Name, Mailing Address and ZIP Code 248133630			
RICKY D BROWN 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349		Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 9.60
		Aggregate Year-to-Date—\$ 9.60	
E. Full Name, Mailing Address and ZIP Code 252928841			
DONALD S LOMAX 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349		Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
		Aggregate Year-to-Date—\$ 249.60	
F. Full Name, Mailing Address and ZIP Code 252928841			
DONALD S LOMAX 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349		Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 9.60
		Aggregate Year-to-Date—\$ 9.60	
G. Full Name, Mailing Address and ZIP Code 253863588			
RONNIE W MOTES 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349		Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
		Aggregate Year-to-Date—\$ 249.60	
SUBTOTAL of Receipts This Page (optional)			979.44
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports or 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)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code RONNIE W MOTES 5780 OLD NATIONAL HIGHWAY COLLEGE PARK GA 30349	Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 9.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 9.60	
B. Full Name, Mailing Address and ZIP Code ERIC T TAYLOR 5780 OLD NATIONAL HIGHWAY COLLEGE PARK GA 30349	Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 249.60	
C. Full Name, Mailing Address and ZIP Code ERIC T TAYLOR 5780 OLD NATIONAL HIGHWAY COLLEGE PARK GA 30349	Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 9.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 9.60	
D. Full Name, Mailing Address and ZIP Code JERRY M HARDIN 1775 K STREET N.W. WASHINGTON DC 20006	Name of Employer UNITED FOOD & COMMERCIAL WORKERS UNION	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation SPEC ASST TO THE PRES	Aggregate Year-to-Date—\$ 249.60	
E. Full Name, Mailing Address and ZIP Code JERRY M HARDIN 1775 K STREET N.W. WASHINGTON DC 20006	Name of Employer UNITED FOOD & COMMERCIAL WORKERS UNION	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 9.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation SPEC ASST TO THE PRES	Aggregate Year-to-Date—\$ 9.60	
F. Full Name, Mailing Address and ZIP Code JAMES H RICE 1775 K. STREET N.W. WASHINGTON DC 20006	Name of Employer UFCW LOCAL RETR	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 249.60	
G. Full Name, Mailing Address and ZIP Code JAMES H RICE 1775 K. STREET N.W. WASHINGTON DC 20006	Name of Employer UFCW LOCAL RETR	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 9.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 9.60	
SUBTOTAL of Receipts This Page (optional)			758.40
TOTAL This Period (next page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports or 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)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code ROBIN C LAWSON 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 249.60	
B. Full Name, Mailing Address and ZIP Code ROBIN C LAWSON 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 9.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 259.20	
C. Full Name, Mailing Address and ZIP Code MALINDA R MCCOLLUM 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 268.80	
D. Full Name, Mailing Address and ZIP Code MALINDA R MCCOLLUM 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 9.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 278.40	
E. Full Name, Mailing Address and ZIP Code CURTIS WILLIAMS 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 297.60	
F. Full Name, Mailing Address and ZIP Code CURTIS WILLIAMS 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer UFCW LOCAL 1996	Date (month, day, year) 04-15-98	Amount of Each Receipt This Period 9.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 307.20	
G. Full Name, Mailing Address and ZIP Code J MITCHELL HARDIN 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer UFCW LOCAL 1996	Date (month, day, year) 05-15-98	Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation L/U REPRESENTATIVE	Aggregate Year-to-Date—\$ 326.40	
SUBTOTAL of Receipts This Page (optional)			988.80
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports or 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)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code 260311905 J MITCHELL HARDIN 5700 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	UFCW LOCAL 1996	04-15-98	9.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation	Aggregate Year-to-Date—\$
		L/U REPRESENTATIVE	9.60
B. Full Name, Mailing Address and ZIP Code 263701286 GARY L MCELVAIN 5700 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	UFCW LOCAL 1996	04-15-98	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation	Aggregate Year-to-Date—\$
		L/U REPRESENTATIVE	249.60
C. Full Name, Mailing Address and ZIP Code 263701286 GARY L MCELVAIN 5700 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	UFCW LOCAL 1996	04-15-98	9.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation	Aggregate Year-to-Date—\$
		L/U REPRESENTATIVE	9.60
D. Full Name, Mailing Address and ZIP Code 295524853 DAVID C KENNEDY 4375 STYERS FERRY ROAD WINSTON-SALEM, NC 27104	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	UFCW LOCAL 0204	04-07-98	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation	Aggregate Year-to-Date—\$
		L/U REPRESENTATIVE	240.48
E. Full Name, Mailing Address and ZIP Code 295524853 DAVID C KENNEDY 4375 STYERS FERRY ROAD WINSTON-SALEM, NC 27104	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	UFCW LOCAL 0204	04-07-98	.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation	Aggregate Year-to-Date—\$
		L/U REPRESENTATIVE	.24
F. Full Name, Mailing Address and ZIP Code 295524853 DAVID C KENNEDY 4375 STYERS FERRY ROAD WINSTON-SALEM, NC 27104	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	UFCW LOCAL 0204	04-07-98	.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation	Aggregate Year-to-Date—\$
		L/U REPRESENTATIVE	.48
G. Full Name, Mailing Address and ZIP Code 295524853 DAVID C KENNEDY 4375 STYERS FERRY ROAD WINSTON-SALEM, NC 27104	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	UFCW LOCAL 0204	04-07-98	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation	Aggregate Year-to-Date—\$
		L/U REPRESENTATIVE	480.48
SUBTOTAL of Receipts This Page (optional)			739.68
TOTAL This Period (see page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports or 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)			
UECW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code 307501834 ROBERT A STEWART 18310 MONTGOMERY VILLAGE AVENUE SUITE 220 GAITHERSBURG MD 20879		Name of Employer UFCW LOCAL 1994	Date (month, day, year) 04-07-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 83.25
B. Full Name, Mailing Address and ZIP Code 308568882 RECK S GREGORY 4207 LEHANNON ROAD HERMITAGE TN 37076		Name of Employer UFCW LOCAL 1995	Date (month, day, year) 04-16-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
C. Full Name, Mailing Address and ZIP Code 366583105 RICK A STEWART 876 HORACE BROWN DRIVE MADISON HEIGHTS MI 48071		Name of Employer UFCW LOCAL 0876	Date (month, day, year) 04-16-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
D. Full Name, Mailing Address and ZIP Code 372600882 MARK E CHARRETTE 876 HORACE BROWN DRIVE MADISON HEIGHTS MI 48071		Name of Employer UFCW LOCAL 0876	Date (month, day, year) 04-16-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
E. Full Name, Mailing Address and ZIP Code 375667953 WILLIAM H KEEDLE 876 HORACE BROWN DRIVE MADISON HEIGHTS MI 48071		Name of Employer UFCW LOCAL 0876	Date (month, day, year) 04-16-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
F. Full Name, Mailing Address and ZIP Code 375667953 WILLIAM H KEEDLE 876 HORACE BROWN DRIVE MADISON HEIGHTS MI 48071		Name of Employer UFCW LOCAL 0876	Date (month, day, year) 04-16-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 19.20
G. Full Name, Mailing Address and ZIP Code 380686672 DIANE D HINES 876 HORACE BROWN DRIVE MADISON HEIGHTS MI 48071		Name of Employer UFCW LOCAL 0876	Date (month, day, year) 04-16-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
SUBTOTAL of Receipts This Page (optional)			1,302.45
TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (In Full)			
UFCW ACTIVE BALLOF CLUB			
A. Full Name, Mailing Address and ZIP Code <u>382504056</u> MICHAEL R OMSTEAD 876 HORACE BROWN DRIVE MADISON HEIGHTS, MI 48071		Name of Employer UFCW LOCAL 0876	Date (month, day, year) 04-16-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
B. Full Name, Mailing Address and ZIP Code <u>404564787</u> NELLIE F ALDER 4207 LEBANON ROAD HERMITAGE, TN 37076		Name of Employer UFCW LOCAL 1995	Date (month, day, year) 04-16-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
C. Full Name, Mailing Address and ZIP Code <u>407520461</u> PEGGY L CHERRY 4207 LEBANON ROAD HERMITAGE, TN 37076		Name of Employer UFCW LOCAL 1995	Date (month, day, year) 04-16-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
D. Full Name, Mailing Address and ZIP Code <u>410271992</u> GREGORY C STALLINGS 4207 LEBANON ROAD HERMITAGE, TN 37076		Name of Employer UFCW LOCAL 1995	Date (month, day, year) 04-16-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
E. Full Name, Mailing Address and ZIP Code <u>410665488</u> ROSEMARY REED-GEDDES 4207 LEBANON ROAD HERMITAGE, TN 37076		Name of Employer UFCW LOCAL 1995	Date (month, day, year) 04-16-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation NON-DIR INTE VP	Amount of Each Receipt This Period 240.00
F. Full Name, Mailing Address and ZIP Code <u>411908751</u> LARRY BUGGS 4207 LEBANON ROAD HERMITAGE, TN 37076		Name of Employer UFCW LOCAL 1995	Date (month, day, year) 04-16-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
G. Full Name, Mailing Address and ZIP Code <u>412704912</u> GEORGE R MORRIS 4207 LEBANON ROAD HERMITAGE, TN 37076		Name of Employer UFCW LOCAL 1995	Date (month, day, year) 04-16-98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Occupation L/U REPRESENTATIVE	Amount of Each Receipt This Period 240.00
SUBTOTAL of Receipts This Page (optional)			1,560.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (in full)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code <u>413688934</u> JOSEPH H ELLIS 4207 LEBANON ROAD HERMITAGE, TN 37076		Name of Employer UFCW LOCAL 1995 Occupation L/U REPRESENTATIVE	Date (month, day, year) 04-16-98 Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Aggregate Year-to-Date—\$ 240.00	
B. Full Name, Mailing Address and ZIP Code <u>414701547</u> JAMES E TOWNSEND 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349		Name of Employer UFCW LOCAL 1996 Occupation L/U REPRESENTATIVE	Date (month, day, year) 04-15-98 Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Aggregate Year-to-Date—\$ 249.60	
C. Full Name, Mailing Address and ZIP Code <u>414701547</u> JAMES E TOWNSEND 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349		Name of Employer UFCW LOCAL 1996 Occupation L/U REPRESENTATIVE	Date (month, day, year) 04-15-98 Amount of Each Receipt This Period 9.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Aggregate Year-to-Date—\$ 9.60	
D. Full Name, Mailing Address and ZIP Code <u>414926188</u> BRIAN J FRANCIS 4207 LEBANON ROAD HERMITAGE, TN 37076		Name of Employer UFCW LOCAL 1995 Occupation L/U REPRESENTATIVE	Date (month, day, year) 04-16-98 Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Aggregate Year-to-Date—\$ 240.00	
E. Full Name, Mailing Address and ZIP Code <u>416685137</u> JACKIE D LETSON 4207 LEBANON ROAD HERMITAGE, TN 37076		Name of Employer UFCW LOCAL 1995 Occupation L/U REPRESENTATIVE	Date (month, day, year) 04-16-98 Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Aggregate Year-to-Date—\$ 240.00	
F. Full Name, Mailing Address and ZIP Code <u>420742220</u> JAMES L COOPER 4207 LEBANON ROAD HERMITAGE, TN 37076		Name of Employer UFCW LOCAL 1995 Occupation L/U REPRESENTATIVE	Date (month, day, year) 04-16-98 Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Aggregate Year-to-Date—\$ 240.00	
G. Full Name, Mailing Address and ZIP Code <u>421745033</u> DARRELL L MCGINNESS 4207 LEBANON ROAD HERMITAGE, TN 37076		Name of Employer UFCW LOCAL 1995 Occupation L/U REPRESENTATIVE	Date (month, day, year) 04-16-98 Amount of Each Receipt This Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.		Aggregate Year-to-Date—\$ 240.00	
SUBTOTAL of Receipts This Page (optional)			1,449.60
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (in full)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code LEON M HOLDERFIELD 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	JFCW LOCAL 1996	04-15-98	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation	Aggregate Year-to-Date—\$	
	L/U REPRESENTATIVE	249.60	
B. Full Name, Mailing Address and ZIP Code LEON M HOLDERFIELD 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	JFCW LOCAL 1996	04-15-98	9.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation	Aggregate Year-to-Date—\$	
	L/U REPRESENTATIVE	9.60	
C. Full Name, Mailing Address and ZIP Code JAMES W PHILLIPS 4287 LEBANON ROAD HERMITAGE, TN 37076	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	JFCW LOCAL 1995	04-16-98	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation	Aggregate Year-to-Date—\$	
	L/U REPRESENTATIVE	240.00	
D. Full Name, Mailing Address and ZIP Code DAVID F CROSMER POST OFFICE BOX 567 BUTTE, MT 59703	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	JFCW LOCAL 0004	04-08-98	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation	Aggregate Year-to-Date—\$	
	L/U PRESIDENT	250.00	
E. Full Name, Mailing Address and ZIP Code RONALD A BUSH 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	JFCW LOCAL 1996	04-15-98	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation	Aggregate Year-to-Date—\$	
	L/U REPRESENTATIVE	249.60	
F. Full Name, Mailing Address and ZIP Code RONALD A BUSH 5780 OLD NATIONAL HIGHWAY COLLEGE PARK, GA 30349	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	JFCW LOCAL 1996	04-15-98	9.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation	Aggregate Year-to-Date—\$	
	L/U REPRESENTATIVE	9.60	
G. Full Name, Mailing Address and ZIP Code RAYMOND D RODRIGUEZ 1775 K. STREET N.W. WASHINGTON, DC 20006	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	JFCW LOCAL RETR	04-16-98	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): LEADERSHIP 21 CONTR.	Occupation	Aggregate Year-to-Date—\$	
	L/U REPRESENTATIVE	240.00	
SUBTOTAL of Receipts This Page (optional)			1,004.20
TOTAL This Period (last page this line number only)			13,382.38

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports or 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) UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code V10704R001 CRESTAR BANK 1445 New York Avenue, NW Washington, DC 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period 1,579.85
	Occupation	04-08-08	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): OTHER INCOME	Aggregate Year-to-Date—\$ 5,520.77		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date—\$		
SUBTOTAL of Receipts This Page (optional)			1,579.85
TOTAL This Period (last page this line number only)			1,579.85

SCHEDULE B

ITEMIZED DISBURSEMENTS

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) UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code MONROE/LENAWEE CTY- AFL-CIO 1110 E. SECOND STREET MONROE MI 48161	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	04-20-90	120.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			120.00
TOTAL This Period (last page this line number only)			120.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code ABERCROMBIE FOR CONGRESS 1142 AUAHI STREET SUITE 2420 HONOLULU HI 69814	Purpose of Disbursement CONTRIBUTION H1021 - C.D. # 01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-02-98	Amount of Each Disbursement This Period 5,000.00
B. Full Name, Mailing Address and ZIP Code ANTHONY DAVID WEINER DEMOCRAT FOR CONGRESS 2276 HOMECREST AVENUE BROOKLYN NY 11229	Purpose of Disbursement CONTRIBUTION N1021 - C.D. # 09 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-02-98	Amount of Each Disbursement This Period 250.00
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 FRIENDS OF RALPH WAITE 4300 LATHAM STREET RIVERSIDE CA 92501	Purpose of Disbursement CONTRIBUTION C1021 - C.D. # 44 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-02-98	Amount of Each Disbursement This Period 2,000.00
F. Full Name, Mailing Address and ZIP Code FRIENDS OF TIM HOLDEN 1800 WEST END AVENUE POTTSVILLE PA 17901	Purpose of Disbursement CONTRIBUTION P1021 - C.D. # 06 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-02-98	Amount of Each Disbursement This Period 500.00
G. Full Name, Mailing Address and ZIP Code FRIENDS OF TIM HOLDEN 1800 WEST END AVENUE POTTSVILLE PA 17901	Purpose of Disbursement CONTRIBUTION P1021 - C.D. # 06 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-02-98	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code WYNN FOR CONGRESS PO BOX 5323 CAPITAL HEIGHTS MD 20791	Purpose of Disbursement CONTRIBUTION H1021 - C.D. # 04 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-02-98	Amount of Each Disbursement This Period 1,500.00
I. Full Name, Mailing Address and ZIP Code WYNN FOR CONGRESS PO BOX 5323 CAPITAL HEIGHTS MD 20791	Purpose of Disbursement CONTRIBUTION H1021 - C.D. # 04 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-02-98	Amount of Each Disbursement This Period 1,500.00
SUBTOTAL of Disbursements This Page (optional)			11,250.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code CASO FOR CONGRESS 221 N. FIGUEROA ST. 11TH FLOOR LOS ANGELES CA 90012	Purpose of Disbursement CONTRIBUTION C(02) - C.O. # 34 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-13-98	Amount of Each Disbursement This Period 5,000.00
B. Full Name, Mailing Address and ZIP Code HAHN FOR CONGRESS C/O CHARLOTTE DOBBS & CO. 3415 S. SEPULVEDA BLVD. STE 640 LOS ANGELES CA 90034	Purpose of Disbursement CONTRIBUTION C(02) - C.O. # 36 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-13-98	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code JAN SCHAKOWSKY FOR CONGRESS 1101 RIDGE AVENUE EVANSTON IL 60202	Purpose of Disbursement CONTRIBUTION I(02) - C.O. # 09 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-13-98	Amount of Each Disbursement This Period 2,500.00
D. Full Name, Mailing Address and ZIP Code JAN SCHAKOWSKY FOR CONGRESS 1101 RIDGE AVENUE EVANSTON IL 60202	Purpose of Disbursement CONTRIBUTION I(02) - C.O. # 09 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-13-98	Amount of Each Disbursement This Period 2,500.00
E. Full Name, Mailing Address and ZIP Code LUTHER FOR CONGRESS 1399 GENEVA AVE., NORTH SUITE 103 DAKDALE MN 55128	Purpose of Disbursement CONTRIBUTION M(02) - C.O. # 06 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-13-98	Amount of Each Disbursement This Period 2,500.00
F. Full Name, Mailing Address and ZIP Code RALPH NEAS FOR CONGRESS POST OFFICE BOX 70744 CHEVY CHASE MD 20813	Purpose of Disbursement CONTRIBUTION M(02) - C.O. # 08 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-13-98	Amount of Each Disbursement This Period 1,583.00
G. Full Name, Mailing Address and ZIP Code RALPH NEAS FOR CONGRESS POST OFFICE BOX 70744 CHEVY CHASE MD 20813	Purpose of Disbursement CONTRIBUTION M(02) - C.O. # 08 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-13-98	Amount of Each Disbursement This Period 1,583.00
H. Full Name, Mailing Address and ZIP Code RALPH NEAS FOR CONGRESS POST OFFICE BOX 70744 CHEVY CHASE MD 20813	Purpose of Disbursement CONTRIBUTION M(02) - C.O. # 08 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-13-98	Amount of Each Disbursement This Period 1,584.00
I. Full Name, Mailing Address and ZIP Code ALASKANS FOR YOUNG P.O. BOX 100298 ANCHORAGE AK 99510	Purpose of Disbursement CONTRIBUTION A(02) - C.O. # 01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-16-98	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			22,750.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code ALASKANS FOR YOUNG P.O. BOX 100298 ANCHORAGE AK 99510	Purpose of Disbursement CONTRIBUTION A1021 - C.O. # 01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-16-98	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code BONIOR FOR CONGRESS LABOR LAWYERS FOR BONIOR P.O. BOX 75214 WASHINGTON D.C. 20013	Purpose of Disbursement CONTRIBUTION M1021 - C.O. # 10 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-16-98	Amount of Each Disbursement This Period 150.00
C. Full Name, Mailing Address and ZIP Code AFL-CIO COPE AFL-CIO BUILDING 815 SIXTEETH STREET, N.W. WASHINGTON DC 20006	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Date (month, day, year) 04-17-98	Amount of Each Disbursement This Period 10,119.26
D. Full Name, Mailing Address and ZIP Code CHET EDWARDS FOR CONGRESS PO BOX 182 WACO TX 76703	Purpose of Disbursement CONTRIBUTION T1021 - C.O. # 11 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-17-98	Amount of Each Disbursement This Period (2,500.00)
E. Full Name, Mailing Address and ZIP Code CHET EDWARDS FOR CONGRESS U.S. HOUSE OF REPRESENTATIVES 2459 RAYBURN HOUSE OFFICE BLDG WASHINGTON DC 20515	Purpose of Disbursement CONTRIBUTION T1021 - C.O. # 11 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-20-98	Amount of Each Disbursement This Period 2,500.00
F. Full Name, Mailing Address and ZIP Code JAN SCHAKOWSKY FOR CONGRESS 1101 RIDGE AVENUE EVANSTON IL 60202	Purpose of Disbursement CONTRIBUTION J1021 - C.O. # 09 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-20-98	Amount of Each Disbursement This Period 2,500.00
G. Full Name, Mailing Address and ZIP Code JAN SCHAKOWSKY FOR CONGRESS 1101 RIDGE AVENUE EVANSTON IL 60202	Purpose of Disbursement CONTRIBUTION J1021 - C.O. # 09 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-20-98	Amount of Each Disbursement This Period 2,500.00
H. Full Name, Mailing Address and ZIP Code PEOPLE FOR THE AMERICAN WAY VOTERS ALLIANCE 2000 M STREET, NW WASHINGTON DC 20036	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Date (month, day, year) 04-20-98	Amount of Each Disbursement This Period 5,000.00
I. Full Name, Mailing Address and ZIP Code FRIENDS OF ROXANNE QUALLS 19 GARFIELD PLACE #206 CINCINNATI OH 45202	Purpose of Disbursement CONTRIBUTION Q1021 - C.O. # 01 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-21-98	Amount of Each Disbursement This Period 2,500.00
SUBTOTAL of Disbursements This Page (optional)			23,269.25
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code FRIENDS OF ROXANNE QUALLS 19 GARFIELD PLACE #206 CINCINNATI OH 45202	Purpose of Disbursement CONTRIBUTION 01021 - C.O. # 01 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-21-98	Amount of Each Disbursement This Period 2,500.00
B. Full Name, Mailing Address and ZIP Code KEN LUCAS FOR CONGRESS 8100 BURLINGTON PIKE SUITE 334 FLORENCE KY 41042	Purpose of Disbursement CONTRIBUTION US HOUSE - KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-21-98	Amount of Each Disbursement This Period 1,250.00
C. Full Name, Mailing Address and ZIP Code KEN LUCAS FOR CONGRESS 8100 BURLINGTON PIKE SUITE 334 FLORENCE KY 41042	Purpose of Disbursement CONTRIBUTION US HOUSE - KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-21-98	Amount of Each Disbursement This Period 1,250.00
D. Full Name, Mailing Address and ZIP Code NATE COULIER FOR U.S. SENATE P.O. BOX 2600 LITTLE ROCK AR 72203	Purpose of Disbursement CONTRIBUTION US SENATE - AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-21-98	Amount of Each Disbursement This Period 2,500.00
E. Full Name, Mailing Address and ZIP Code CUMMINGS FOR CONGRESS 7003 DOGWOOD ROAD BALTIMORE MD 21244	Purpose of Disbursement CONTRIBUTION M1021 - C.O. # 07 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-22-98	Amount of Each Disbursement This Period 4,000.00
F. Full Name, Mailing Address and ZIP Code QUINN FOR CONGRESS COMMITTEE POST OFFICE BOX 2012 BUFFALO NY 14219	Purpose of Disbursement CONTRIBUTION N1021 - C.O. # 30 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-23-98	Amount of Each Disbursement This Period 1,000.00
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 COMMITTEE TO ELECT SUSAN HYNES TO CONGRESS 2269 KEIM RD. NAPEVILLE IL 60565	Purpose of Disbursement CONTRIBUTION I1021 - C.O. # 13 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-30-98	Amount of Each Disbursement This Period 500.00
SUBTOTAL of Disbursements This Page (optional)			13,000.00
TOTAL This Period (fill page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT SUSAN HYNES TO CONGRESS 2269 KEITH RD. NAPEVILLE IL 60565	Purpose of Disbursement CONTRIBUTION 11021 - C.O. # 13	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	04-30-98	500.00
B. Full Name, Mailing Address and ZIP Code FATTAH FOR CONGRESS 6020 LANDSDOWNE AVENUE PHILADELPHIA PA 19151	Purpose of Disbursement CONTRIBUTION P1021 - C.O. # 02	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	04-30-98	2,250.00
C. Full Name, Mailing Address and ZIP Code FATTAH FOR CONGRESS 6020 LANDSDOWNE AVENUE PHILADELPHIA PA 19151	Purpose of Disbursement CONTRIBUTION P1021 - C.O. # 02	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	04-30-98	2,250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			5,000.00
TOTAL This Period (last page this line number only)			15,269.26

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (In Full)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code CHRIS SAINATO FOR STATE REP 607 BARKER AVENUE NEW CASTLE PA 16101	Purpose of Disbursement CONTRIBUTION STATE REP - PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-13-98	Amount of Each Disbursement This Period 100.00
B. Full Name, Mailing Address and ZIP Code COMMITTEE FOR CASORIO PO BOX 562 IRWIN PA 15642	Purpose of Disbursement CONTRIBUTION STATE REP - PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-13-98	Amount of Each Disbursement This Period 100.00
C. Full Name, Mailing Address and ZIP Code DELUCA FOR LEGISLATOR COMMITTEE 1416 BARBARA DRIVE VERONA PA 15147	Purpose of Disbursement CONTRIBUTION STATE REP - PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-13-98	Amount of Each Disbursement This Period 75.00
D. Full Name, Mailing Address and ZIP Code MICHLOVIC FOR LEGISLATOR 99 NITTANY DRIVE MECHANICSBURG PA 17055	Purpose of Disbursement CONTRIBUTION STATE REP - PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-13-98	Amount of Each Disbursement This Period 50.00
E. Full Name, Mailing Address and ZIP Code SPOSSEY ELECTION COMMITTEE 530 SHIRLS AVENUE WASHINGTON PA 15301	Purpose of Disbursement CONTRIBUTION MAYOR - PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-13-98	Amount of Each Disbursement This Period 100.00
F. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT BILL RUBINS 820 CLARISSA STREET PITTSBURGH PA 15219	Purpose of Disbursement CONTRIBUTION STATE REP - PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-16-98	Amount of Each Disbursement This Period 100.00
G. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT TOM FULLARD 9145 TIMBERGLEN DRIVE IMPERIAL PA 15126	Purpose of Disbursement CONTRIBUTION PA STATE REP. - PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-16-98	Amount of Each Disbursement This Period 200.00
H. Full Name, Mailing Address and ZIP Code FRIENDS TO ELECT CHRISTINE M. TARTAGLIONE 1407 VAN KIRK STREET PHILADELPHIA PA 19149	Purpose of Disbursement CONTRIBUTION STATE SENATE - PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-16-98	Amount of Each Disbursement This Period 250.00
I. Full Name, Mailing Address and ZIP Code OLASZ FOR LEGISLATOR COMMITTEE 110 SIXTH AVENUE WEST MIFFLIN PA 15122	Purpose of Disbursement CONTRIBUTION STATE REP - PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Date (month, day, year) 04-16-98	Amount of Each Disbursement This Period 100.00
SUBTOTAL of Disbursements This Page (optional)			1,075.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code FRIENDS OF FERLO PO BOX 9002 PITTSBURGH PA 15224	Purpose of Disbursement CONTRIBUTION CITY COUNCIL - PA	Date (month, day, year) 04-20-98	Amount of Each Disbursement This Period 100.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998		
B. Full Name, Mailing Address and ZIP Code FRIENDS OF GUY TRAVAGLIO 118 PILLOW STREET BUTLER PA 16001	Purpose of Disbursement CONTRIBUTION STATE REP - PA	Date (month, day, year) 04-20-98	Amount of Each Disbursement This Period 100.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998		
C. Full Name, Mailing Address and ZIP Code THE MIKE GRUITZA RE-ELECTION COMMITTEE 229 FAIRMONT DRIVE HERMITAGE PA 16148	Purpose of Disbursement CONTRIBUTION STATE REP - PA	Date (month, day, year) 04-20-98	Amount of Each Disbursement This Period 100.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998		
D. Full Name, Mailing Address and ZIP Code JIM MATTOX CAMPAIGN 4030 SWISS AVE. DALLAS TX 75204	Purpose of Disbursement CONTRIBUTION ATTY. GENERAL - TX	Date (month, day, year) 04-21-98	Amount of Each Disbursement This Period 5,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998		
E. Full Name, Mailing Address and ZIP Code JOHN SHARP FOR LT. GOVERNOR POST OFFICE BOX 236 AUSTIN TX 78767	Purpose of Disbursement CONTRIBUTION LT. GOVERNOR - TX	Date (month, day, year) 04-21-98	Amount of Each Disbursement This Period 2,500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998		
F. Full Name, Mailing Address and ZIP Code MARK COOMBS FOR COUNTY JUDGE P.O. BOX 343 DENTON TX 76202	Purpose of Disbursement CONTRIBUTION COUNTY JUDGE - TX	Date (month, day, year) 04-21-98	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998		
G. Full Name, Mailing Address and ZIP Code OHIO AFL-CIO PRESIDENT'S CLUB 271 E. STATE STREET COLUMBUS OH 43215	Purpose of Disbursement Contribution	Date (month, day, year) 04-21-98	Amount of Each Disbursement This Period 2,500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		
H. Full Name, Mailing Address and ZIP Code FRIENDS OF FISHER COMMITTEE 629 EUCLID AVENUE SUITE 727 CLEVELAND OH 44114	Purpose of Disbursement CONTRIBUTION GOVERNOR - OH	Date (month, day, year) 04-22-98	Amount of Each Disbursement This Period 1,500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998		
I. Full Name, Mailing Address and ZIP Code MONTGOMERY COUNTY DEMOCRATIC PARTY 131 S. WILKINSON STREET DAYTON OH 45402	Purpose of Disbursement Contribution	Date (month, day, year) 04-22-98	Amount of Each Disbursement This Period 2,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			14,050.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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Name of Committee (in full)			
UFCW ACTIVE BALLOT CLUB			
A. Full Name, Mailing Address and ZIP Code DEMOCRATIC STATE SENATE CAMPAIGN COMMITTEE POST OFFICE BOX 3792 HARRISBURG PA 17105	Purpose of Disbursement To void 3/18/98 contr Ck# 352429	Date (month, day, year) 04-23-98	Amount of Each Disbursement This Period (1,000.00)
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		
B. Full Name, Mailing Address and ZIP Code FRIENDS TO ELECT CHRISTINE TARTAGLIONE 1407 VAN KIRK STREET PHILADELPHIA PA 19149	Purpose of Disbursement CONTRIBUTION STATE SENATE - PA	Date (month, day, year) 04-23-98	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998		
C. Full Name, Mailing Address and ZIP Code FRIENDS OF BOB D'CONNOR 5670 PHILLIPS AVENUE PITTSBURGH PA 15217	Purpose of Disbursement CONTRIBUTION CITY COUNCIL - PA	Date (month, day, year) 04-27-98	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998		
D. Full Name, Mailing Address and ZIP Code FRIENDS OF JIM SHANER PO BOX 283 DUNBAR PA 15431	Purpose of Disbursement CONTRIBUTION STATE REP - PA	Date (month, day, year) 04-27-98	Amount of Each Disbursement This Period 100.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998		
E. Full Name, Mailing Address and ZIP Code FRIENDS OF TIM WAINTRA 201 BRIARWOOD LANE CRANBERRY TWP. PA 16066	Purpose of Disbursement CONTRIBUTION STATE REP - PA	Date (month, day, year) 04-27-98	Amount of Each Disbursement This Period 100.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998		
F. Full Name, Mailing Address and ZIP Code IVAN ITKIN CAMPAIGN COMMITTEE P.O. BOX 23085 PITTSBURGH PA 15222	Purpose of Disbursement CONTRIBUTION GOVERNOR - PA	Date (month, day, year) 04-27-98	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998		
G. Full Name, Mailing Address and ZIP Code LARRY ROBERTS CAMPAIGN 96 FARMVIEW DRIVE UNIONTOWN PA 15401	Purpose of Disbursement CONTRIBUTION STATE REP - PA	Date (month, day, year) 04-27-98	Amount of Each Disbursement This Period 150.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
SUBTOTAL of Disbursements This Page (optional)			600.00
TOTAL This Period (last page this line number only)			15,725.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>5-21-78</i>
<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	
<i>SEM</i> PREPARER	<i>5-21-78</i> DATE PREPARED