

S6KS00098
THOMPSON, SALLY
PO BOX 358
TOPEKA

102496

SECRETARY OF THE SENATE
KS 66601

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

96 DEC -6 PM 1:17

H.D

1. NAME OF COMMITTEE (in full) SALLY THOMPSON FOR U.S. SENATE		2. FEC IDENTIFICATION NUMBER C00313817
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported. 6220 SW 29th St.		3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CITY, STATE and ZIP CODE Topeka KS 66614	STATE/DISTRICT KANSAS	

4. TYPE OF REPORT

- ☐ 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)
- ☐ Twelfth day report preceding
(Type of Election)
☒ Thirtieth day report following the General Election on November 5, 1996
in the State of Kansas
☐ Termination Report

This report contains activity for ☐ Primary Election ☒ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period of October 1, 1996 through October 16, 1996		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	79,081.42	659,858.63
(b) Total Contributions Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	79,081.42	659,858.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	187,805.08	686,724.47
(b) Total Offsets to Operating Expenditures (from Line 14)	19.18	255.18
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	187,785.90	686,469.29
8. Cash on Hand at Close of Reporting Period (from Line 27)	8,389.34	
9. Debts and Obligations owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	51,351.63	

For Further Information

contact:

Federal Election Commission
999 E Street, NW
Washington, D.C. 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer Joan Wagnon	Date 12-2-96
Signature of Treasurer <i>Joan Wagnon</i>	

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

DETAILED SUMMARY PAGE **of Receipts and Disbursements**

(Page 2, FEC FORM 3)

Name of Committee (in full)

SALLY THOMPSON FOR U.S. SENATE

Report Covering the Period:

From: October 17, 1996 To: November 25, 1996

	COLUMN A Total This Period	COLUMN B Calendar Year--To--Date
I. RECEIPTS		
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	43,576.82	
(ii) Unitemized	55.00	
(iii) Total of contributions from individuals	43,631.82	399,628.85
(b) Political Party Committees	9,300.00	35,870.00
(c) Other Political Committees (such as PACs)	24,727.50	208,727.50
(d) The Candidate	1,422.10	15,632.28
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c), and (d))	79,081.42	659,858.63
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	25,000.00	35,000.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add 13(a) and (b))	25,000.00	35,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	19.18	255.18
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	104,100.60	695,113.81
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	187,805.08	686,724.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	187,805.08	686,724.47
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	92,093.82	\$0.00
24. TOTAL RECEIPTS THIS PERIOD (from line 16)	104,100.60	\$695,113.81
25. SUBTOTAL (add Line 23 and Line 24)	196,194.42	\$695,113.81
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	187,805.08	\$686,724.47
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	8,389.34	\$8,389.34

960302292421

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 75
FOR LINE NUMBER

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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L C WISBLY 1216 S 7TH ST ATCHISON, KS 66842 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	10/17/96	10.00
Aggregate Year-to-Date > \$		60.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEANNETTE RAGAN 5907 W 78TH TER PRAIRIE VILLAGES, KS 66208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/17/96	10.00
Aggregate Year-to-Date > \$		10.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN HOLM 414 N 10TH ST MONMOUTH, IL 61463 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	MONMOUTH COLLEGE TEACHER	10/17/96	15.00
Aggregate Year-to-Date > \$		30.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELBERT RIDDLE 5501 NBOSHO LN FAIRWAY, KS 66205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/17/96	20.00
Aggregate Year-to-Date > \$		20.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHEN HASSLER 14504 W 92ND LENEXA, KS 66215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	YELLOW FREIGHT SYSTEM MANAGER	10/17/96	25.00
Aggregate Year-to-Date > \$		25.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN V BLACK 306 S OAK PRATT, KS 67124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF EMPLOYED ATTORNEY	10/17/96	25.00
Aggregate Year-to-Date > \$		75.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RATHE KARRER 302 HOMESTEAD DR LAWRENCE, KS 66049 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	UNIVERSITY OF KANSAS PSYCHOPHYSIOLOGIST	10/17/96	30.00
Aggregate Year-to-Date > \$		30.00	

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

96030292422

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 2 OF 75
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAY WEISS 10001 FONTANA LN OVERLAND PARK, KS 66207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	KANSAS CITY KS COMM COLLEGE Occupation Teacher Aggregate Year-to-Date > \$ 30.00	10/17/96	30.00
HEGAN THOMAS 1173 COLUSA AVE BERKELEY, CA 94707 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 175.00	10/17/96	50.00
CAROLYN W. BEAIRD 7030 E. RIDGE DR SHREVEPORT, LA 71206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 600.00	10/17/96	100.00
SAGE FULLER COWLES 247 - 10TH AVE S MINNEAPOLIS, MN 55415 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	10/17/96	100.00
KIM FISHMAN 9601 MEADOW LN LEAWOOD, KS 66205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SUNAMERICA Occupation SALES Aggregate Year-to-Date > \$ 100.00	10/17/96	100.00
LOUISE DEVLIN 4104 W 123RD LEAWOOD, KS 66209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation STUDENT Aggregate Year-to-Date > \$ 100.00	10/17/96	100.00
WILLIAM DIRK VANDEVER 11380 W 121ST TER OVERLAND PARK, KS 66213 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED Occupation ATTORNEY Aggregate Year-to-Date > \$ 300.00	10/17/96	100.00

SUBTOTAL of Receipts This Page (optional)

580.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOB FISHER 1329 GRAND EMPORIA, KS 66801 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General X	NONE Occupation Aggregate Year-to-Date > \$ 200.00	10/17/96	100.00
B. Full Name, Mailing Address and ZIP Code JOHN SIMPSON 5021 CONSER OVERLAND PARK, KS 66202 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General X	SELF Occupation Attorney Aggregate Year-to-Date > \$ 450.00	10/17/96	200.00
C. Full Name, Mailing Address and ZIP Code DEBORAH GORDON 839 WILEY ST WICHITA, KS 67209 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General X	WICHITA STATE UNIVERSITY Occupation PROFESSOR Aggregate Year-to-Date > \$ 50.00	10/17/96	50.00
D. Full Name, Mailing Address and ZIP Code CAROL RUPE 1137 N LINDEN CR WICHITA, KS 67206 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General X	 Occupation HOME MAKER Aggregate Year-to-Date > \$ 50.00	10/17/96	50.00
E. Full Name, Mailing Address and ZIP Code ROBERT HEMBERGER 424 N BROADWAY WICHITA, KS 67202 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General X	 Occupation Aggregate Year-to-Date > \$ 13.00	10/17/96	13.00
F. Full Name, Mailing Address and ZIP Code PHYLLIS TODD 3030 MAC VICAR AVE TOPEKA, KS 66611 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General X	 Occupation RETIRED Aggregate Year-to-Date > \$ 160.00	10/18/96	25.00
G. Full Name, Mailing Address and ZIP Code GAIL HARSHAW 2429 ARKANSAS LAWRENCE, KS 66046 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General X	ST OF KS Occupation TRAINER Aggregate Year-to-Date > \$ 150.00	10/18/96	50.00

SUBTOTAL of Receipts This Page (optional)

488.00

TOTAL This Period (last page this line number only)

96020292424

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code LUCILLE WERLINICH 226 DOGWOOD LN WARTSDALE, NY 14539 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GLOBAL SHOPPING NETWORK Occupation CEO Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 50.00
B. Full Name, Mailing Address and ZIP Code MARK GLICKSTEIN 350 ASHLAR DR NAPA, CA 94558 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TPMG Occupation PHYSICIAN Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and ZIP Code ALMA WEBSTER 3910 SE 32ND ST TOPEKA, KS 66606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code DAVID TAYLOR 5131 SW 33RD TER TOPEKA, KS 66614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AMERICAN EXPRESS Occupation FINANCIAL ADVISOR Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code CRAIG C. SWENEY 2610 SW 34TH TOPEKA, KS 66611 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KAW VALLEY LOAN & TITLE Occupation PRESIDENT Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code ANN L. BRAUNER 2426 - 148TH CT SE MILL CREEK, WA 98012 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code FLORENCE GERSTEIN 180 BEACON ST BOSTON, MA 02116 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SANDRA HAZLETT 843 N. 1500 RD LAWRENCE, KS 66049	SELF	10/18/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Attorney</i>	Aggregate Year-to-Date > \$ <i>800.00</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KEITH GALLIHER JR 1850 E SAHARA STE 107 LAS VEGAS, NV 89109	SELF	10/18/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Attorney</i>	Aggregate Year-to-Date > \$ <i>250.00</i>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DIANE MBITNER 916 REDBARN WICHITA, KS 67218		10/18/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>100.00</i>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANITA GUIDRY 4770 KRUEGER ST WICHITA, KS 67220	WICHITA SHEET METAL SUPPLY	10/18/96	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>ACCOUNTANT CONTROLLER</i>	Aggregate Year-to-Date > \$ <i>550.00</i>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NIKITA WILLIAMS 1957 N PRATT WICHITA, KS 67214	KPTS CHANNEL 18	10/18/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>PROGRAMMING</i>	Aggregate Year-to-Date > \$ <i>100.00</i>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NICOLE GUIDRY 4770 KRUEGER WICHITA, KS 67220		10/18/96	25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ <i>25.00</i>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARIANNE FOSTER 11534 W 1ST ST CT N WICHITA, KS 67212		10/18/96	35.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>INFORMATION REQUESTED</i>	Aggregate Year-to-Date > \$ <i>335.00</i>	

SUBTOTAL of Receipts This Page (optional) 960.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GWEN WELSHIMER 6103 E CASTLE WICHITA, KS 67218 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation <i>Real Estate Broker</i> Aggregate Year-to-Date > \$ <i>260.00</i>	10/18/96	60.00
BRANDI FISHER 7677 E 21ST N #1002 WICHITA, KS 67208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>20.00</i>	10/18/96	20.00
ELEANOR MAYNE 1011 N LAKEWIND ST WICHITA, KS 67218 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>25.00</i>	10/18/96	25.00
JANE BYRNES BENNETT 339 N YALE WICHITA, KS 67208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ASSOCIATED MILK PRODUCERS Occupation <i>DIETITIAN</i> Aggregate Year-to-Date > \$ <i>160.00</i>	10/18/96	25.00
J.W. HAUPT 1006 AMIDON WICHITA, KS 67203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <i>RETIRED</i> Aggregate Year-to-Date > \$ <i>85.00</i>	10/18/96	25.00
IVONNE KAMEN GOLDSTEIN 1440 N GATEWOOD NO 25 WICHITA, KS 67206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	KAMEN PIPING MATERIALS CO INC Occupation <i>BUSINESS EXECUTIVE</i> Aggregate Year-to-Date > \$ <i>125.00</i>	10/18/96	25.00
EDITH DEBETTE HUFFMAN 339 N RUTAN ST WICHITA, KS 67208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <i>RETIRED</i> Aggregate Year-to-Date > \$ <i>150.00</i>	10/18/96	25.00

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

96030292427

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LANITA MARK 14217 LAKEVIEW DR WICHITA, KS 67230 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X	WICHITA CLINIC Occupation: <u>Administrator</u>	10/18/96	50.00
Aggregate Year-to-Date > \$ <u>225.00</u>			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IVONNE KAMEN GOLDSTEIN 1440 N GATEWOOD NO 25 WICHITA, KS 67205 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X	KAMEN PIPING MATERIALS CO INC Occupation: <u>Business Executive</u>	10/18/96	50.00
Aggregate Year-to-Date > \$ <u>125.00</u>			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUR LEDBETTER 511 ASPEN WICHITA, KS 67217 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X		10/18/96	50.00
Aggregate Year-to-Date > \$ <u>50.00</u>			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOAN HANCOCK 900 SW ROBINSON #712 TOPKA, KS 66604 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X		10/18/96	50.00
Aggregate Year-to-Date > \$ <u>50.00</u>			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUDY LAMBERT 5646 SW 18TH TOPKA, KS 66604 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X		10/18/96	50.00
Aggregate Year-to-Date > \$ <u>50.00</u>			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FERN VAN GIESON 1512 GENTRY WICHITA, KS 67208 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X		10/18/96	50.00
Aggregate Year-to-Date > \$ <u>359.00</u>			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EMMY LOU STEWART 7700 E 13TH NO 2 WICHITA, KS 67206 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X		10/18/96	50.00
Aggregate Year-to-Date > \$ <u>50.00</u>			

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

96020292428

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY ROBINSON 3101 N ROCK RD WICHITA, KS 67226 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/18/96	100.00
Aggregate Year-to-Date > \$ 100.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KELLY WRIGHT 1200 S 119TH ST WEST WICHITA, KS 67203 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/18/96	100.00
Aggregate Year-to-Date > \$ 100.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOIS COON 125 N. BRIE WICHITA, KS 67214 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/18/96	100.00
Aggregate Year-to-Date > \$ 240.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MONICA NEFF 127 N OLD MANOR WICHITA, KS 67203 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/18/96	100.00
Aggregate Year-to-Date > \$ 100.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN CROCKETT-SPOON 1004 S GOVERNOUR RD WICHITA, KS 67207 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/18/96	100.00
Aggregate Year-to-Date > \$ 100.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LYNETTE K. SHAW 5300 NW GREEN HILLS RD TOPEKA, KS 66618 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	KANSAS PIPELINE	10/18/96	100.00
Aggregate Year-to-Date > \$ 585.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LAWRENCE TENOPIR 2229 W 2ND TOPEKA, KS 66606 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	TENOPIR & HUERTER	10/18/96	100.00
Aggregate Year-to-Date > \$ 728.00			

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TRINA HEATH 341 N SPRUCE WICHITA, KS 67214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 100.00	10/18/96	100.00
RUSSELL PATYK 2404 N VINGATE CR WICHITA, KS 67226 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 100.00	10/18/96	100.00
CAROL COLLINS 1325 N WESTLINK WICHITA, KS 67212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 100.00	10/18/96	100.00
WILLIAMS SKAER 1481 N STRATFORD WICHITA, KS 67206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 100.00	10/18/96	100.00
HELEN SMITH 11838 ROLLING HILLS CT WICHITA, KS 67212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 100.00	10/18/96	100.00
PHILLIP ALLEN 1826 FARMSTEAD WICHITA, KS 67208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 100.00	10/18/96	100.00
LEE KINCH 601 HONEYBROOK LN DERBY, KS 67037 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 600.00	10/18/96	100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

96020292430

96020292430

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code GLADYS GLICKMAN 9401 LAKEPOINT WICHITA, KS 67226 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 12500	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 125.00
B. Full Name, Mailing Address and ZIP Code LYNETTE K. SHAW 5300 NW GREEN HILLS RD TOPEKA, KS 66618 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KANSAS PIPELINE Occupation GOVERNMENT AFFAIRS Aggregate Year-to-Date > \$ 585.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 135.00
C. Full Name, Mailing Address and ZIP Code CAROL WOLFE KONEK 103 S PERSHING WICHITA, KS 67218 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 150.00
D. Full Name, Mailing Address and ZIP Code SUSAN M. EIDENSCHINK 2200 S ROCK RD #816 WICHITA, KS 67207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BOBING Occupation ENGINEER Aggregate Year-to-Date > \$ 1,100.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 150.00
E. Full Name, Mailing Address and ZIP Code VINCENT L. BOGART 227 N. BELMONT WICHITA, KS 67208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BOGART CHARTERED Occupation ATTORNEY Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 150.00
F. Full Name, Mailing Address and ZIP Code MARY ELIZABETH BAKER 601 HONEYBROOK LN DERBY, KS 67037 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation INFORMATION REQUESTED Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 150.00
G. Full Name, Mailing Address and ZIP Code RACHAEL PIRNER 1053 COOLIDGE WICHITA, KS 67203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation ATTORNEY Aggregate Year-to-Date > \$ 700.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) **1,110.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JIM LAWING 115 N. CRESTWAY WICHITA, KS 67208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: Attorney Aggregate Year-to-Date > \$ 425.00	10/18/96	250.00
B. Full Name, Mailing Address and ZIP Code KATHY A STOVER 3017 SOWERS CT TOPEKA, KS 66604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INVESTORS FIDUCIARY TRUST CO Occupation: Attorney Aggregate Year-to-Date > \$ 660.00	10/18/96	310.00
C. Full Name, Mailing Address and ZIP Code GEORGE TILLER 5101 E KELLOGG WICHITA, KS 67216 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF EMPLOYED Occupation: Physician Aggregate Year-to-Date > \$ 1,400.00	10/18/96	400.00
D. Full Name, Mailing Address and ZIP Code MARJORIE LEE WEBB 10207 EDELWEISS CIR SHAWNEE MISSION, KS 66203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	INFORMATION REQUESTED Aggregate Year-to-Date > \$ 600.00	10/18/96	500.00
E. Full Name, Mailing Address and ZIP Code STAN VAUGHAN 1441 N ROCK RD #302 WICHITA, KS 67206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	HEALTHCARE AMERICAN PLANS INC Occupation: ACCOUNTANT Aggregate Year-to-Date > \$ 100.00	10/18/96	100.00
F. Full Name, Mailing Address and ZIP Code CARL TUVIN 2805 WASHINGTON AVE CHEVY CHASE, MD 20815 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	TUVIN ASSOCIATES Occupation: PUBLIC AFFAIRS CONSULTANT Aggregate Year-to-Date > \$ 250.00	10/18/96	250.00
G. Full Name, Mailing Address and ZIP Code VIRGINIA VOLLMER BARR 1739 W 35TH ST N WICHITA, KS 67204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Aggregate Year-to-Date > \$ 100.00	10/18/96	100.00

SUBTOTAL of Receipts This Page (optional)

1,910.00

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code PAT LEHMAN 515 MANLO DR WICHITA, KS 67204 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X	Name of Employer IAM & AW Occupation Secretary / Treasurer Aggregate Year-to-Date \$ 150.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code PAT LEHMAN 515 MANLO DR WICHITA, KS 67204 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X	Name of Employer IAM & AW Occupation Secretary / Treasurer Aggregate Year-to-Date \$ 150.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and ZIP Code CLARE KORST 245 N PERSHING WICHITA, KS 67208 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X	Name of Employer HONDA Occupation HONDA Aggregate Year-to-Date \$ 100.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code JACKIE N. WILLIAMS 1200 EPIC CTR 301 N MAIN WICHITA, KS 67203 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X	Name of Employer DEPARTMENT OF JUSTICE Occupation ATTORNEY Aggregate Year-to-Date \$ 150.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code RICHARD CORDRY 7811 E HARTMOOR WICHITA, KS 67201 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X	Name of Employer SELF Occupation ATTORNEY Aggregate Year-to-Date \$ 750.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code MACHELL KENT 4240 SE IOWA AVE TOPEKA, KS 66609 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X	Name of Employer STATE OF KANSAS Occupation BOND SERVICES DIRECTOR Aggregate Year-to-Date \$ 964.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code MELODY MILLER 3701 EDGE MONT WICHITA, KS 67208 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General X	Name of Employer SEDGWICK COUNTY Occupation COMMISSIONER Aggregate Year-to-Date \$ 100.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

800.00

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORMA LEE METZKER 2703 W 17TH ST WICHITA, KS 67203 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Primary	Retired	10/18/96	25.00
Aggregate Year-to-Date > \$ 25.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELMA BROADFOOT 854 N BROWN THRUSH LN WICHITA, KS 67212 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Primary	SELF EMPLOYED	10/18/96	50.00
Aggregate Year-to-Date > \$ 50.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THEODORE S. MILLER 1125 INDIANA 13A LAWRENCE, KS 66044 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Primary	LAWRENCE MEMORIAL HOSPITAL	10/18/96	200.00
Aggregate Year-to-Date > \$ 200.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTHA A. PETERSON 3214 MAC VICAR CT TOPEKA, KS 66611 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Primary	SLOAN LAW FIRM	10/18/96	25.00
Aggregate Year-to-Date > \$ 25.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELLEN HENNESSY 1926 LAWRENCE ST NE WASHINGTON, DC 20018 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Primary	PENSION BENEFIT GUAR CORP	10/18/96	100.00
Aggregate Year-to-Date > \$ 100.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VIRGINIA MAYES 2308 APPLE HILL RD ALEXANDRIA, VA 22308 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Primary	US POSTAL SERVICE	10/18/96	25.00
Aggregate Year-to-Date > \$ 25.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN POERTNER 516 FAIRLAWN DR URBANA, IL 61801 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Primary	UNIVERSITY OF ILLINOIS	10/18/96	100.00
Aggregate Year-to-Date > \$ 100.00			

SUBTOTAL of Receipts This Page (optional)

525.00

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code JEAN WOLFF 10531 GARNWOOD PL LOS ANGELES, CA 90024 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation Sculptor Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code PRISCILLA WILSON 3215 TOMAHAWK RD SHAWNEE MISSION, KS 66208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/19/96	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code HAROLD RIEHM 3120 CAMPFIRE CT LAWRENCE, KS 66044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 10/19/96	Amount of Each Receipt this Period 10.00
D. Full Name, Mailing Address and ZIP Code BETTIE SCOTT 8293 MONROVIA ST SHAWNEE MISSION, KS 66215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 20.00	Date (month, day, year) 10/19/96	Amount of Each Receipt this Period 10.00
E. Full Name, Mailing Address and ZIP Code VAUGHN N. ANDERSON 202 160TH TER BEDFORDTON BEACH, FL 33708 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 30.00	Date (month, day, year) 10/19/96	Amount of Each Receipt this Period 10.00
F. Full Name, Mailing Address and ZIP Code DONNIS GRAHAM 1300 NEW HAMPSHIRE LAWRENCE, KS 66044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 15.00	Date (month, day, year) 10/19/96	Amount of Each Receipt this Period 15.00
G. Full Name, Mailing Address and ZIP Code MYRTLE COKER PO BOX 427 DE SOTO, KS 66018 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 175.00	Date (month, day, year) 10/19/96	Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 270.00

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EVELYN REGAN 5117 NE 19TH AVE VANCOUVER, WA 98664 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Retired	10/19/96	25.00
Aggregate Year-to-Date > \$ 105.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERTA BERGQUIST 1844 NW 39TH TOMBALA, KS 66618 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Retired	10/19/96	25.00
Aggregate Year-to-Date > \$ 70.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUDITH BYRUM 10550 MARTY ST STE 202 SHAWNEE MISSION, KS 66212 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	GR STARBUCK & CO PA CERTIFIED PUBLIC ACCOUNTANT	10/19/96	35.00
Aggregate Year-to-Date > \$ 35.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL WORKS 12158 N HOOVER RD SEDGWICK, KS 67125 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/19/96	50.00
Aggregate Year-to-Date > \$ 50.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HELEN BONTRAGER 1133 COLLEGE BLVD #227B MANHATTAN, KS 66502 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		10/19/96	50.00
Aggregate Year-to-Date > \$ 75.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KENNETH DOLL 6223 ROSEWOOD CT SHAWNEE MISSION, KS 66205 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	RETIRED	10/19/96	50.00
Aggregate Year-to-Date > \$ 150.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BURRITT S LACY JR 2011 ANDERSON AVE MANHATTAN, KS 66502 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	RETIRED	10/19/96	50.00
Aggregate Year-to-Date > \$ 230.00			

SUBTOTAL of Receipts This Page (optional)

285.00

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96020292436

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA STOWE 2806 TATARRAX DR MANHATTAN, KS 66502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	KANSAS STATE UNIVERSITY Occupation: <i>Dean and Professor</i>	10/19/96 Aggregate Year-to-Date > \$ <i>150.00</i>	50.00
WALLACE JOHNSON JR 1633 STRATFORD RD LAWRENCE, KS 66044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	UNIVERSITY OF KANSAS Occupation: <i>Professor</i>	10/19/96 Aggregate Year-to-Date > \$ <i>50.00</i>	50.00
GERARD VAN HOET 10259 GARNETT OVERLAND PARK, KS 66211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	VAN HOET & CO. CHARTERED Occupation: <i>CPA/CONSULTANT</i>	10/19/96 Aggregate Year-to-Date > \$ <i>325.00</i>	75.00
JOSEPH REID 47 MISSION RD WICHITA, KS 67206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Occupation:	10/19/96 Aggregate Year-to-Date > \$ <i>625.00</i>	100.00
THOMAS ENGELKEN 6731 SW FINSBURY AVE TOPEKA, KS 66614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	IBEW LU 304 Occupation: <i>ASST</i>	10/19/96 Aggregate Year-to-Date > \$ <i>200.00</i>	100.00
LUCIA HYMES 23100 VIA ESPLANDOR #V45 CUPERTINO, CA 95014 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Occupation:	10/19/96 Aggregate Year-to-Date > \$ <i>200.00</i>	100.00
JERRY LONERGAN 3015 SW SOWERS CT TOPEKA, KS 66604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Occupation:	10/19/96 Aggregate Year-to-Date > \$ <i>150.00</i>	100.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

96020292437

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRACHAM HITCHCOCK 10501 LAKE SHORE BLVD 2 CLEVELAND, OH 44108 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Aggregate Year-to-Date > \$ 200.00	10/19/96	100.00
GEORGE JOHNSON 202 S MILES AV WICHITA, KS 67114 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	DETAMC Aggregate Year-to-Date > \$ 100.00	10/19/96	100.00
GLEN STRNAD BOX 10 HUNTER, KS 66533 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Aggregate Year-to-Date > \$ 300.00	10/19/96	200.00
LAIRD G NOLLER 1612 PRESTWICK DR LAWRENCE, KS 66047 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	NOLLER AUTOMOTIVE GROUP Aggregate Year-to-Date > \$ 500.00	10/19/96	250.00
JAYN MARSHALL 2960 AUGUSTA DR LAS VEGAS, NV 89109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	HOUSWIFE Aggregate Year-to-Date > \$ 250.00	10/19/96	250.00
MRS. MAURICE JOHNSON 6900 STONEGATE LN WICHITA, KS 67206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 20.00	10/19/96	20.00
MAX PRIER 1224 N SHERIDAN WICHITA, KS 67203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Aggregate Year-to-Date > \$ 75.00	10/19/96	25.00

SUBTOTAL of Receipts This Page (optional)

945.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROGER HALLECKSON 1030 W MAYWOOD WICHITA, KS 67217	BOBING CORP	10/19/96	20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COMPUTER ANALYST Aggregate Year-to-Date > \$ 75.00		
B. Full Name, Mailing Address and ZIP Code PEGGY HANNA 1912 SW CHEYENNE RD TOPEKA, KS 66604	STATE OF KANSAS	10/19/96	15.16
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR OF CASE MANAGEMENT Aggregate Year-to-Date > \$ 145.47	In-Kind: COPY REC REPORT	
C. Full Name, Mailing Address and ZIP Code PEARL HUDDLESTON 1145 SW JANE TOPEKA, KS 66604		10/20/96	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED Aggregate Year-to-Date > \$ 235.00		
D. Full Name, Mailing Address and ZIP Code LEE HORNBAKER PO BOX 168 JUNCTION CITY, KS 66441	HARPER HORNBAKER	10/20/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LAWYER Aggregate Year-to-Date > \$ 450.00		
E. Full Name, Mailing Address and ZIP Code MILLE HURLBUT CANAN FARM TONGANOXIE, KS 66086		10/20/96	150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 150.00		
F. Full Name, Mailing Address and ZIP Code MARIANNE FOSTER 11534 W 1ST ST CT N WICHITA, KS 67212		10/20/96	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INFORMATION REQUESTED Aggregate Year-to-Date > \$ 335.00		
G. Full Name, Mailing Address and ZIP Code SYD WERBIN 106 S RIDGEWOOD WICHITA, KS 67218		10/20/96	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional)

735.16

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SCHEDULE A

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Any information reported on this Schedule A may not be 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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIKE MARKS INFORMATION REQUESTED Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information requested	10/20/96	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LOUIE MARKS INFORMATION REQUESTED Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information requested	10/20/96	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA B. LAMPERT 6123 N. FLEMING SPOKANE, WA 99205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	MANOR CARE Occupation Nursing Assistant	10/21/96	4.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHLEEN HOLT BOX 633 CUMMARTON, KS 67433 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation Fund Raising / Consulting	10/21/96	10.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA J. MEISLIN PO BOX 257 TIDURON, CA 94920 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	10/21/96	25.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN CARR RICH 2028 GREENBRIAR EMPORIA, KS 66801 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	EMPORIA STATE UNIVERSITY Occupation Faculty Member	10/21/96	25.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NUPUR CHAUDHURI 1737 VAUGHN DR MANHATTAN, KS 66502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	KANSAS STATE UNIVERSITY Occupation Professor	10/21/96	25.00

SUBTOTAL of Receipts This Page (optional) 589.00

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96020292440

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code JULIETTE SCHWALLER BOX 855 HAYS, KS 67601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 50.00
B. Full Name, Mailing Address and ZIP Code CALVIN G BENDER 3611 W 48TH ST ROSELAND PARK, KS 66203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and ZIP Code GLORIA G. HIRTZ 900 PARK AVENUE NEW YORK, NY 10004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code CLAUDE LEE 3540 SKYLINE PARKWAY TOPEKA, KS 66614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code BONNIE SCHWALLER 25 O'MALLEY PL COLO SPRINGS, CO 80906 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 75.00
F. Full Name, Mailing Address and ZIP Code PHYLLIS HERNDON 1355 HWY K68 OTTAWA, KS 66067 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code MARY THOMPSON BOX 507 S WEXMOUTH, MA 02190 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 475.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code PAUL A. WOLF BOX 998 DUGOTON, KS 67951 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED Occupation Attorney Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code ROBERT H. HARRIS 3601 L STREET LINCOLN, NE 68510 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation RETIRED Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and ZIP Code S. EDWARD MARDER 2323 LINDEN AVE HIGHLAND PARK, IL 60035 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code STEWART MOTT 515 MADISON AVE STE 720 NEW YORK, NY 10022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STEWART R MOTT & ASSOCIATES Occupation MAVERICK Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code ALAN GIBSECKE 2365 PAYNE WICHITA, KS 67204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer U.S. POSTAL SERVICE Occupation CLERK Aggregate Year-to-Date > \$ 35.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 15.00
F. Full Name, Mailing Address and ZIP Code GARY L DOYLE 3104 NW ROCHESTER TOPEKA, KS 66617 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BNSF RAILROAD Occupation MACHINIST Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 25.00
G. Full Name, Mailing Address and ZIP Code TAMA WAGNER 2670 SW OSBORN TOPEKA, KS 66614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SALLY THOMPSON FOR US SENATE Occupation CAMPAIGN MANAGER Aggregate Year-to-Date > \$ 1,874.21	Date (month, day, year) 10/21/96 In-kind: POSTAGE TO MAIL FED REPORT	Amount of Each Receipt this Period 15.50

SUBTOTAL of Receipts This Page (optional)

1,105.50

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code SALLY LUTZ 75 RICHDALE AVE UNIT 15 CAMBRIDGE, MA 02140 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): Other (specify):	Name of Employer Occupation Information requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code FRANZ SAMELSON 2078 COLLEGE HTS RD MANHATTAN, KS 66502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 25.00
C. Full Name, Mailing Address and ZIP Code SANDRA FORSYTHE 1935 DAVINA ST HENDERSON, NV 89031 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): Other (specify):	Name of Employer Occupation CLARK COUNTY SCHOOL DISTRICT TEACHER Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code WILLIAM ANDERSON 4631 MONTEREY CR NO 4 LAS VEGAS, NV 89109 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): Other (specify):	Name of Employer Occupation MIRAGE RES INC FLOOR SUPERVISOR Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code DONALD RICE 831 SW COLLEGE AVE TOPEKA, KS 66606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): Other (specify):	Name of Employer Occupation KANSAS DEPARTMENT OF REVENUE TAX EXAMINER Aggregate Year-to-Date > \$ 20.00	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 10.00
F. Full Name, Mailing Address and ZIP Code JIM MONROE 2221 SW DE SOUSA CT TOPEKA, KS 66611 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 125.00	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 25.00
G. Full Name, Mailing Address and ZIP Code MIRIAM WAGENSCHN 6810 SAHARA DR CORPUS CHRISTI, TX 78412 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): Other (specify):	Name of Employer Occupation CORPUS CHRISTI STATE UNIV PROFESSOR Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 460.00

TOTAL This Period (last page this line number only)

96020292443

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code RICH KOWALEWSKI 4901 WORNALL RD #1203 KANSAS CITY, MO 64112 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SPRINT Occupation Attorney Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 50.00
B. Full Name, Mailing Address and ZIP Code IRVING SHEFFEL 1215 SW 29TH TER NO 4 TOPEKA, KS 66611 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and ZIP Code BARBARA LEWERENZ 1815 ERICKSON ST MANHATTAN, KS 66503 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code ELAINE MANN 10219 CATALINA OVERLAND PARK, KS 66207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 197.44	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code V.B. BALLARD MD 6618 RAINBOW AVE SHAWNEE MISSION, KS 66208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and ZIP Code CATHERINE JENSEN 3000 W 67TH ST SHAWNEE MISSION, KS 66208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 50.00
G. Full Name, Mailing Address and ZIP Code GLENN HOBSON 1100 TOWANDA AVE EL DORADO, KS 67042 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RALPH L HOBSON HOUSEMOVING Occupation LABORER Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code ROBERTA GIOVANNINI 5835 SW 26TH ST TOPEKA, KS 66614		Name of Employer STATE OF KANSAS Occupation COMPUTER PROGRAMMER	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 450.00		
B. Full Name, Mailing Address and ZIP Code AGNES ELLIOTT 623 N HAMPTON WICHITA, KS 67208		Name of Employer Occupation REFERRED	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 450.00		
C. Full Name, Mailing Address and ZIP Code WILLIAM JENSEN 3000 W 67TH ST MISSION HILLS, KS 66208		Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 100.00		
D. Full Name, Mailing Address and ZIP Code SCOTT BURNETT 1100 VALENTINE RD KANSAS CITY, MO 64111		Name of Employer SGB INC Occupation PUBLIC RELATIONS - PARTNER	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 450.00		
E. Full Name, Mailing Address and ZIP Code JOLANA PINON 3501 SW HODGES RD TOPEKA, KS 66614		Name of Employer STATE OF KANSAS Occupation ASSISTANT STATE TREASURER	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 858.61		
F. Full Name, Mailing Address and ZIP Code PAUL KINDLING 1220 URISH RD TOPEKA, KS 66615		Name of Employer SELF Occupation PHYSICIAN	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 750.00		
G. Full Name, Mailing Address and ZIP Code ELISABETH SAUER 445 W 61ST TER KANSAS CITY, MO 64113		Name of Employer SELF Occupation ATTORNEY	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

1,550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EUGENIE C. HAVEMEYER 10 GRACIE SQUARE NEW YORK, NY 10028 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	EXPLORING THE METROPOLIS INC Occupation: <u>Administrator</u> Aggregate Year-to-Date > \$ <u>1,000.00</u>	10/22/96	500.00
BETTY CHARETTE 415 W 4TH ABERDEEN, WA 98520 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Aggregate Year-to-Date > \$ <u>45.00</u>	10/22/96	20.00
MILDRED CALLEAR PO BOX 314 BARNESVILLE, MD 21009 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Aggregate Year-to-Date > \$ <u>50.00</u>	10/22/96	50.00
NAOMI CHILDRESS RT 2 BOX C1F HOUND CITY, KS 66056 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>95.00</u>	10/23/96	20.00
EDWARD LETOURNEAU 3240 SW MOWBRAY TOPICKA, KS 66614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <u>150.00</u>	10/23/96	150.00
JAY BARRISH 4601 COLLEGE BLVD S270 LEAWOOD, KS 66211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: <u>DOCTOR</u> Aggregate Year-to-Date > \$ <u>276.66</u>	10/23/96 In-Kind: AERIAL MESSAGE FLIGHT	276.66
FREDRICA AYN KLEMM 26 EASTON LAWRENCE, MA 01843 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SWIX SPORT USA Occupation: <u>CONTROLLER</u> Aggregate Year-to-Date > \$ <u>350.00</u>	10/23/96	50.00

SUBTOTAL of Receipts This Page (optional) 1,066.66

TOTAL This Period (last page this line number only)

96020292446

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code VICTOR BALZER RT 1 MAN, KS 67546 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>40.00</u>	Date (month, day, year) 10/24/96	Amount of Each Receipt this Period 20.00
B. Full Name, Mailing Address and ZIP Code ROBERT MC WILLIAMS 1001 PARKVIEW RD LANCENB, KS 66043 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>20.00</u>	Date (month, day, year) 10/24/96	Amount of Each Receipt this Period 20.00
C. Full Name, Mailing Address and ZIP Code CHAD PATTON 611 S WASHINGTON CASSIDAY, MS 38604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>30.00</u>	Date (month, day, year) 10/24/96	Amount of Each Receipt this Period 15.00
D. Full Name, Mailing Address and ZIP Code ANNETTA M. DILLON 4652 N ILA IRBONO, CA 93705 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>125.00</u>	Date (month, day, year) 10/24/96	Amount of Each Receipt this Period 25.00
E. Full Name, Mailing Address and ZIP Code J. SCOTT BERTRAM 9229 WARD PKWY STE 360 KANSAS CITY, MO 64114 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>25.00</u>	Date (month, day, year) 10/24/96	Amount of Each Receipt this Period 25.00
F. Full Name, Mailing Address and ZIP Code ELIZABETH HICKS 5233 W. FIRST WICHITA, KS 67212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>185.00</u>	Date (month, day, year) 10/24/96	Amount of Each Receipt this Period 35.00
G. Full Name, Mailing Address and ZIP Code CLAIRE YOUNGBERG 85 AUBURN LN EAST NORWICH, NY 11732 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>50.00</u>	Date (month, day, year) 10/24/96	Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary PagePAGE 271 OF 75
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code

HELEN V. DUDLEY

PO BOX 236

RICKENBURG, AZ 85394

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Retired

Date (month,
day, year)

10/24/96

Amount of Each
Receipt this Period

25.00

Aggregate Year-to-Date > \$

135.00

B. Full Name, Mailing Address and ZIP Code

LILLIAN GORDON

13800 E MARINA DR #502

AURORA, CO 80014

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

RETIRED

Date (month,
day, year)

10/24/96

Amount of Each
Receipt this Period

50.00

Aggregate Year-to-Date > \$

50.00

C. Full Name, Mailing Address and ZIP Code

DENNIS G. CORLEY

2804 CUMBERLAND DR #3D

VALPARAISO, IN 46393

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

BETHLEHEM STEEL

Occupation

STEELWORKER

Date (month,
day, year)

10/24/96

Amount of Each
Receipt this Period

50.00

Aggregate Year-to-Date > \$

150.00

D. Full Name, Mailing Address and ZIP Code

DOLLY CRANE

1852 BRET HARTE ST

DALO ALTO, CA 94303

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

RETIRED

Date (month,
day, year)

10/24/96

Amount of Each
Receipt this Period

40.00

Aggregate Year-to-Date > \$

260.00

E. Full Name, Mailing Address and ZIP Code

JAMES SKRIDULIS

1013 COLLEGE BLVD

LAWRENCE, KS 66049

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

JACOBS ENGINEERING

Occupation

ENGINEER/MANAGER

Date (month,
day, year)

10/24/96

Amount of Each
Receipt this Period

100.00

Aggregate Year-to-Date > \$

250.00

F. Full Name, Mailing Address and ZIP Code

HARRIET LERNER

707 GREENWOOD

TOPEKA, KS 66606

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

SELF EMPLOYED

Occupation

WRITER

Date (month,
day, year)

10/24/96

Amount of Each
Receipt this Period

100.00

Aggregate Year-to-Date > \$

250.00

G. Full Name, Mailing Address and ZIP Code

ELIZABETH PEARSON

3900 N WOODLAWN ST #3

WICHITA, KS 67220

 Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

RETIRED

Date (month,
day, year)

10/24/96

Amount of Each
Receipt this Period

50.00

Aggregate Year-to-Date > \$

150.00

SUBTOTAL of Receipts This Page (optional)

415.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary PagePAGE 28 OF 75
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOROTHEA R. GILLIGAN 217 COVENTRY CT MINNAPOLIS, MN 55435 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Homemaker	10/24/96	100.00
Aggregate Year-to-Date > \$ 200.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERRY E. LIGHTFOOT 518 DOVE TREE RD SPRING BRANCH, TX 78770 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	10/24/96	100.00
Aggregate Year-to-Date > \$ 300.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DOROTHY DUNN 400 S BROADWAY APT 1225 TUCSON, AZ 85710 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	10/24/96	100.00
Aggregate Year-to-Date > \$ 200.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY LIZ MONTGOMERY 424 N EISENHOWER JUNCTION CITY, MO 65141 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	10/24/96	200.00
Aggregate Year-to-Date > \$ 200.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REBECCA NEWMAN 36 BUTLER ST IRVINE, CA 92715 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	GRADUATE STUDENT	10/24/96	150.00
Aggregate Year-to-Date > \$ 350.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KATHRYN BRUESSNER PETERS 3617 N 59TH KANSAS CITY, KS 66104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	ATTORNEY	10/24/96	100.00
Aggregate Year-to-Date > \$ 350.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTI FARHA ANMAR 345 N BELMONT WICHITA, KS 67208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	EDUCATION	10/24/96	300.00
Aggregate Year-to-Date > \$ 300.00			

SUBTOTAL of Receipts This Page (optional)

1,050.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DUANE E. WEST BOX 712 GORDEN CITY, KS 67846 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF EMPLOYED Occupation Businessman	10/24/96	250.00
Aggregate Year-to-Date > \$ 750.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT J BOWERMAN JR 12828 CENTURY ST OVERLAND PARK, KS 66213 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	DELOITTE & TOUCHE LLP Occupation MANAGEMENT CONSULTANT	10/24/96	250.00
Aggregate Year-to-Date > \$ 500.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B.C. GORDON 764 S MAIN FORT SCOTT, KS 64701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Aggregate Year-to-Date > \$ 500.00	10/24/96	100.00
Aggregate Year-to-Date > \$ 500.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EVELYN WANDELT 103 W DIXON APT 505 CHARLEVOIX, MI 49730 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Aggregate Year-to-Date > \$ 50.00	10/24/96	50.00
Aggregate Year-to-Date > \$ 50.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAXQUELINE RICHEY 6614 SW VIRGINIA AVE PORTLAND, OR 97201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 20.00	10/24/96	20.00
Aggregate Year-to-Date > \$ 20.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALAN SILVA PO BOX 10671 ARLINGTON, VA 22201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	US AGENCY FOR INT'L DEVELOP Occupation FOREIGN SVC OFFICER	10/24/96	20.00
Aggregate Year-to-Date > \$ 20.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JERI ROBERTS 4946 SEPULVEDA BLVD LAS VEGAS, NV 89118 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	CLARK COUNTY SCHOOLS Occupation TEACHER	10/24/96	30.00
Aggregate Year-to-Date > \$ 30.00			

SUBTOTAL of Receipts This Page (optional)

720.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code TREBSA HILL 705 TENNESSEE LAWRENCE, KS 66044 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> X	Name of Employer SPRINT Occupation Financial Systems Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/24/96	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code MARGARET BRADSHAW 3910 EARLINGTON DR TOPEKA, KS 66610 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> X	Name of Employer Occupation Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and ZIP Code DAVID DAVIN 2620 RAWHIDE LN LAWRENCE, KS 66044 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> X	Name of Employer M-PAC CORP Occupation Aggregate Year-to-Date > \$ 40.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 15.00
D. Full Name, Mailing Address and ZIP Code JUDITH HELLMAN 9600 CHADWICK LEAWOOD, KS 66206 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> X	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code MARY ARPS THOMPSON 5001 ROCK CREEK MISSION, KS 66205 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> X	Name of Employer Occupation Aggregate Year-to-Date > \$ 125.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and ZIP Code DIANA CARLIN 2810 GILL AVE LAWRENCE, KS 66047 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> X	Name of Employer UNIVERSITY OF KANSAS Occupation PROFESSOR Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 25.00
G. Full Name, Mailing Address and ZIP Code MARGARET SCHUTZ GORDON 1125 CYNTHIA ST LAWRENCE, KS 66049 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> X	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 125.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 25.00
SUBTOTAL of Receipts This Page (optional)			315.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLOTTE LUDLOW KING 30 SALTHILL CR POMONIUM, MD 21093 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	MCCORMICK AND CO INC Occupation: Facilities Manager Aggregate Year-to-Date > \$ 150.00	10/25/96	50.00
B. Full Name, Mailing Address and ZIP Code FRED KARLIN 527 BROOKLYN AVE BROOKLYN, KS 67420 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	10/25/96	50.00
C. Full Name, Mailing Address and ZIP Code WAYNE MOORE 2210 W 70TH TER SHAWNEE MISSION, KS 66205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	DELOITTE & TOUCHE Occupation: CERTIFIED PUBLIC ACCOUNTANT Aggregate Year-to-Date > \$ 1,000.00	10/25/96	50.00
D. Full Name, Mailing Address and ZIP Code FRANCIS HELLER 3419 SEMINOLE DR LAWRENCE, KS 66047 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation: RETIRED Aggregate Year-to-Date > \$ 400.00	10/25/96	100.00
E. Full Name, Mailing Address and ZIP Code SUSAN N. WILSON 4574 PROVINCE LINE RD BRIDGEPORT, NJ 08540 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF Occupation: EDUCATOR Aggregate Year-to-Date > \$ 400.00	10/25/96	100.00
F. Full Name, Mailing Address and ZIP Code THOMAS COHEN 12410 W 129TH ST OVERLAND PARK, KS 66213 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	GMAC Occupation: MORTGAGE BANKER Aggregate Year-to-Date > \$ 100.00	10/25/96	100.00
G. Full Name, Mailing Address and ZIP Code E.R. BROWNSCOMBE 2822 LEWIS DR. LA VERNE, CA 91750 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation: RETIRED Aggregate Year-to-Date > \$ 500.00	10/25/96	200.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

96020292452

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code GARY MITCHELL 226 LINCOLN AVE HIGHLAND PARK, NJ 08933 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer HILL & WALLICK Occupation Attorney Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code BRAD BLACKWELL 3115 W 6TH ST #C101 LAWRENCE, KS 66044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GRADUATE STUDENT KU Occupation STATE REP CANDIDATE Aggregate Year-to-Date > \$ 169.50	Date (month, day, year) 10/25/96 In-Kind: AD IN BUDORA NEWS	Amount of Each Receipt this Period 94.50
C. Full Name, Mailing Address and ZIP Code LISA POYER 100 WEST KINGSBRIDGE RD MOUNT VERNON, NY 10550 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ANGERS COMPANY Occupation THEATRE MGR Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code LOIS PITMAN 4314 WESTPORT ST WICHITA, KS 67212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation RETIRED Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 5.00
E. Full Name, Mailing Address and ZIP Code KAREN LIPPS 3817 W 76TH ST PRAIRIE VILLAGE, KS 66208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AT&T Occupation SALES REPRESENTATIVE Aggregate Year-to-Date > \$ 40.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 10.00
F. Full Name, Mailing Address and ZIP Code LUCINDA MARTIN 5334 W 1ST WICHITA, KS 67212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation RETIRED Aggregate Year-to-Date > \$ 65.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 15.00
G. Full Name, Mailing Address and ZIP Code CAROLYN HADEN 5225 SW 12TH ST TOPEKA, KS 66604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE OF KANSAS Occupation ACCOUNTANT Aggregate Year-to-Date > \$ 55.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional)

739.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code MARBE BROOKS 4213 KENTUCKY TER PITAWA, KS 66067 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 25.00
B. Full Name, Mailing Address and ZIP Code OLIVER M REDMOND 2427 MORGAN PARSONS, KS 67357 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 	Name of Employer Occupation NONE Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 25.00
C. Full Name, Mailing Address and ZIP Code DARLENE GREER STEARNS 112 WOODLAWN TOPEKA, KS 66606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 	Name of Employer Occupation Aggregate Year-to-Date > \$ 105.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 25.00
D. Full Name, Mailing Address and ZIP Code PHILLIP DAVISON 1273 VAN BUREN TOPEKA, KS 66612 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 25.00
E. Full Name, Mailing Address and ZIP Code MRS. C.M. ADAMS 8209 W 72ND TER OVERLAND PARK, KS 66204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 25.00
F. Full Name, Mailing Address and ZIP Code CONSUELO DEAN 926 S HILLSIDE WICHITA, KS 67211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 	Name of Employer Occupation Aggregate Year-to-Date > \$ 35.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 35.00
G. Full Name, Mailing Address and ZIP Code JOSEPHINE DILLAHUNTY 1643 S RUTAN WICHITA, KS 67218 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 60.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) 195.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Any information 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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GENEVA TURNQUIST 212 W COLUMBUS LINDSBURG, KS 67456 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	10/26/96	50.00
Aggregate Year-to-Date > \$		150.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUZANNE LE BLANC 2581 PARADISE VILLAGE WY LAS VEGAS, NV 89129 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/26/96	50.00
Aggregate Year-to-Date > \$		50.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARL CIRCO 7500 W 110TH ST OVERLAND PARK, KS 66082 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	STINSON MAG & PIZZELL P.C. LAWYER	10/26/96	50.00
Aggregate Year-to-Date > \$		75.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY PRAK 1133 COLLEGE AVE #B226 MANHATTAN, KS 66502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/26/96	50.00
Aggregate Year-to-Date > \$		100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BRADLEY E. APPELBAUM 8275 WEST 116TH TER SHAWNEE MISSION, KS 66210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	US DEPT OF HHS PHYSICIAN	10/26/96	50.00
Aggregate Year-to-Date > \$		100.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARLENE HAYES 1209 GRETCHEN WICHITA, KS 67206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/26/96	50.00
Aggregate Year-to-Date > \$		50.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES RAUH 2803 PAMA LOU HUTCHINSON, KS 67502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED	10/26/96	50.00
Aggregate Year-to-Date > \$		160.00	

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code L. CHRISTINE CALLAHAN 1048 N 4TH INDEPENDENCE, KS 67351 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code MICHELINE Z BURGER 302 E PARK OLATHE, KS 66061 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED Occupation Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code DAVID GOLDSTEIN 4901 WORNALL RD APT M8 KANSAS CITY, MO 64112 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer JCRB/AJC Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code JEAN D. JONES 2231 QUIVIRA RD WASHINGTON, KS 66962 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 175.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code WILLIAM C. CUTLER PO BOX 2383 TOPEKA, KS 66601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE OF KANSAS Occupation Aggregate Year-to-Date > \$ 125.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code KENNETH GOERTZ MD 6121 W 86TH TER OVERLAND PARK, KS 66207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KANSAS UNIVERSITY MEDICAL CTR Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code ANNE GRIGSBY RT 4 BOX 148 PRATT, KS 67124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

96020292456

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES GRIGSBY RT 4 BOX 148 PRATT, KS 67124	Occupation <i>Information Requested</i>	10/26/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOWARD LEVITAN PO BOX 8640 PRAIRIE VILLAGE, KS 66206	Occupation	10/26/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 100.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EVA ROBRAHN BOX 931 LAWRENCE, MO 67868	Occupation	10/26/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LARRY B. WOLGAST 3400 SW BIRCHWOOD DR TOWNSHIP, KS 66614	Occupation	10/26/96	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARGARET ROSENTHAL 6035 WING LAKE RD BLOOMFIELD HILLS, MI 48301	Occupation	10/26/96	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHERI TRUMPFHELLER 1517 - 4TH AVE N GREAT FALLS, MT 59401	Occupation	10/26/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOM TIVOL 220 NICHOLS RD KANSAS CITY, MO 64112	Occupation	10/26/96	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

1,100.00

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96020292457

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code BRENDA BROWN LIPITZ 3206 CAVES ROAD WINGS MILLS, MD 21132 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code RICHARD L. ENGSTROM 4416 - 92ND ST SW BURLEISO, WA 98245 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ASSOCIATED DRY GOODS Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code MAX PRIER 1224 N SHERIDAN WICHITA, KS 67205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 25.00
D. Full Name, Mailing Address and ZIP Code EUGENE A. ALBERT 8123 W. MAPLE WICHITA, KS 67209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer POST OFFICE Occupation Aggregate Year-to-Date > \$ 65.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 10.00
E. Full Name, Mailing Address and ZIP Code ROBERT RICHMOND 1401 COLLEGE AVE TOPICKA, KS 66604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 35.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 10.00
F. Full Name, Mailing Address and ZIP Code FRANK J. MARAN 77 SOUTH ST CHAGRIN FALLS, OH 44022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 10.00
G. Full Name, Mailing Address and ZIP Code VAUGHN N. ANDERSON 202 160TH TER REDDINGTON BEACH, FL 33708 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 30.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)

1,565.00

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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code ANNA TAUSSIG 110 MARIAN DR FEBLO, CO 81004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Aggregate Year-to-Date > \$ 35.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 10.00
B. Full Name, Mailing Address and ZIP Code CHARLES BUFORD 8580 FARLEY ST #605 SHAWNEE MISSION, KS 66212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 10.00
C. Full Name, Mailing Address and ZIP Code MARILYN GREATHOUSE 4101 HARVARD RD LAWRENCE, KS 66044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IMMANUEL LUTHERAN CHURCH Occupation MUSIC COORDINATOR/CHOIR DIR Aggregate Year-to-Date > \$ 190.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 15.00
D. Full Name, Mailing Address and ZIP Code EUGENE T. CRAMER 2989 110TH ST THOR, IA 50591 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation Aggregate Year-to-Date > \$ 22.50	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 15.00
E. Full Name, Mailing Address and ZIP Code HOWARD J. BAUMGARTEL 2115 GREENBRIER DR LAWRENCE, KS 66047 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation Aggregate Year-to-Date > \$ 60.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 15.00
F. Full Name, Mailing Address and ZIP Code EDITH S. DICKINSON 1269 PEMBROKE LN TOPEKA, KS 66604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 15.00
G. Full Name, Mailing Address and ZIP Code ROSALYN MERVIS 100 NORHAN DR CRANBERRY TNSP, PA 16066 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer RETIRED Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) 95.00

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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEAN HASSMAN 1524 TRAIL NORTH WICHITA, KS 67240 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 15.00	10/28/96	20.00
B. Full Name, Mailing Address and ZIP Code FLOYD LONGBACH 2900 N 78TH PL KANSAS CITY, KS 66102 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Aggregate Year-to-Date > \$ 40.00	10/28/96	20.00
C. Full Name, Mailing Address and ZIP Code WILLIAM KIRKPATRICK 3425 SW LAKESIDE DR TOPEKA, KS 66614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Aggregate Year-to-Date > \$ 40.00	10/28/96	20.00
D. Full Name, Mailing Address and ZIP Code JACKSON BAUR 6 WESTWOOD LAWRENCE, KS 66044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Aggregate Year-to-Date > \$ 50.00	10/28/96	20.00
E. Full Name, Mailing Address and ZIP Code KENNETH HARTON 722 W 8TH PITTSBURG, KS 66762 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Aggregate Year-to-Date > \$ 75.00	10/28/96	25.00
F. Full Name, Mailing Address and ZIP Code SUSAN WEST 601 RIVER LN LOVES PARK, IL 61111 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	FACTORY WORKER Aggregate Year-to-Date > \$ 100.00	10/28/96	25.00
G. Full Name, Mailing Address and ZIP Code ANN B. STERN 4312 W. 111TH TER LEAWOOD, KS 66211 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED Aggregate Year-to-Date > \$ 125.00	10/28/96	25.00

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code RUTH F. JACKSON 2406 ROBINWOOD AVE TOLEDO, OH 43620 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 25.00
B. Full Name, Mailing Address and ZIP Code MARJORIE REES 2811 W. 66TH TER SHAWNEE MISSION, KS 66208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 25.00
C. Full Name, Mailing Address and ZIP Code ROBERT NEIS 940 E 2100 RD SUBURB, KS 66025 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 30.00
D. Full Name, Mailing Address and ZIP Code MARY CLEO MORRIS 2318 MAIN ST PARSONS, KS 67357 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 65.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 40.00
E. Full Name, Mailing Address and ZIP Code PHYLLIS J. HENNEY 931 SW HIGH TOPEKA, KS 66606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 125.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and ZIP Code MARY ANN BRADFORD 1309 SW WEBSTER AVE TOPEKA, KS 66604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 125.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 50.00
G. Full Name, Mailing Address and ZIP Code PHILIP MARTIN 300 E 16TH ST HLLIS, KS 67637 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED Occupation CRUDE OIL PRODUCER/PUMPER Aggregate Year-to-Date > \$ 175.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

270.00

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PHIL RYAN DO 2902 SKYLINE DR HAYS, KS 67601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF EMPLOYED Occupation Physician	10/28/96	50.00
Aggregate Year-to-Date > \$		100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA J. MBISLIN PO BOX 257 FIBRON, CA 94520 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED	10/28/96	50.00
Aggregate Year-to-Date > \$		225.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEAN POSTLETHWAITE 4731 N WOODLAWN WICHITA, KS 67220 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		10/28/96	50.00
Aggregate Year-to-Date > \$		50.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MADLYN D. EVANS 2307 ELTON RD HOLCOMB, NE 68450 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	REQUESTED	10/28/96	50.00
Aggregate Year-to-Date > \$		150.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BURRITT S LACY JR 2011 ANDERSON AVE MANHATTAN, KS 66502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED	10/28/96	50.00
Aggregate Year-to-Date > \$		230.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BETTY J. HANCOCK 7056 SPOTTED FAWN CT FORT MYERS, FL 33908 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED	10/28/96	50.00
Aggregate Year-to-Date > \$		300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT P. SCHUWERK 16379 LARKFIELD DR HOUSTON, TX 77059 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	REQUESTED	10/28/96	50.00
Aggregate Year-to-Date > \$		100.00	

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

96020292462

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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Any information reported on this Schedule A and Statement 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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALBERT SCHWARTZ 630 E IRON PALLINA, KS 67401 Receipt For: <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	10/28/96	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELEANOR J. STOCKWELL 6718 MONTOUR DR PALLS CHURCH, VA 21041 Receipt For: <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	10/28/96	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER S. BENNETT 1260 CLAIRHAVEN ST PITTSBURGH, PA 15219 Receipt For: <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	10/28/96	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICIA B. WIRTH 14 BRADFORD DR OLD BRIDGE, NJ 08857 Receipt For: <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	10/28/96	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANICE RHEINGOLD 619 AMBERLEY RD WILMINGTON, DE 19802 Receipt For: <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	10/28/96	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. ROBERT SINNETT 1625 LEAVENWORTH MANHATTAN, KS 66502 Receipt For: <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	10/28/96	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LLOYD K. JACKSON 4301 NORMAL BLVD NO 39 LINCOLN, NE 68506 Receipt For: <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$	10/28/96	100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

96020292463

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code BERNARD STEKOLL PO BOX 13004 CHICAGO, IL 60613 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>100.00</u>	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code PAUL HUGENIN 2100 E 6TH CHICAGO, IL 60607 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ <u>200.00</u>	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code ELIZABETH D. OSSORIO 1309 W 49TH ST CHICAGO, IL 60641 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ <u>325.00</u>	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code LOUISA FERRE 177 CRESCENT ST NORTHAMPTON, MA 01060 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation ARCHEOLOGIST Aggregate Year-to-Date > \$ <u>250.00</u>	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code CAROL L. BRAUN 4747 N HIGHLAND APT 2 CHICAGO, IL 60641 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MEDIFAX Occupation MEDICAL TRANSCRIPTION Aggregate Year-to-Date > \$ <u>200.00</u>	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code DEAN THOMPSON 3950 TIMBERIDGE DR IRVING, TX 75038 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation CONTRACTOR Aggregate Year-to-Date > \$ <u>200.00</u>	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code SANDRA ESKIN 1047 WOODLAWN IOWA CITY, IA 52245 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation HOMEMAKER Aggregate Year-to-Date > \$ <u>950.00</u>	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

96020292464

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.G. BELL 615 STONE WALL RD PITTSBORO, NC 27112		10/28/96	100.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation <u>Retired</u>		
	Aggregate Year-to-Date > \$ <u>300.00</u>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN WOOLSEY JR 16 CHANNING PL CAMBRIDGE, MA 02138	SELF	10/28/96	100.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation <u>ATTORNEY</u>		
	Aggregate Year-to-Date > \$ <u>200.00</u>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LEDLIE L. WOOLSEY 16 CHANNING PLACE CAMBRIDGE, MA 02138		10/28/96	100.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation <u>HOUSEMAKER</u>		
	Aggregate Year-to-Date > \$ <u>200.00</u>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MIRIAM CHERIN 100 DENNISTON AVE #441 PITTSBURGH, PA 15206		10/28/96	100.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation <u>RETIRED</u>		
	Aggregate Year-to-Date > \$ <u>200.00</u>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BUNNI COPAKEN 2705 VERONA RD SHAWNEE MISSION, KS 66208		10/28/96	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation <u>VOLUNTEER</u>		
	Aggregate Year-to-Date > \$ <u>250.00</u>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DONNA ABDALLAH 5628 FOXCROFT CIR S TOPEKA, KS 66614		10/28/96	100.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$ <u>200.00</u>		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BONNIE CLENDENNING 489 WALNUT ST NEWTONVILLE, MA 02160	RADCLIFFE COLLEGE	10/28/96	250.00
Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation <u>VICE PRESIDENT</u>		
	Aggregate Year-to-Date > \$ <u>500.00</u>		

SUBTOTAL of Receipts This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code LUCY B. STROOCK 55 FROST ST CAMBRIDGE, MA 02149 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CITY OF CAMBRIDGE Occupation TEACHER Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code MARY C MARKOWITZ 112 LAWRENCE AVE LAWRENCE, KS 66044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer WASHBURN RURAL USD Occupation TEACHER Aggregate Year-to-Date > \$ 1,300.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code DIANNE FEINSTEIN 30 PRESIDIO TER SAN FRANCISCO, CA 94118 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer US GOVERNMENT Occupation US SENATOR Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code CAROLE KELLER 1824 CRAGINDER BLOOMFIELD HILLS, MI 48302 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation NOT EMPLOYED Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 25.00
E. Full Name, Mailing Address and ZIP Code KIRSTEN VAN VOORST 6514 MARTY OVERLAND PARK, KS 66202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 10.00
F. Full Name, Mailing Address and ZIP Code DELORES SELLS 1420 N GOW WICHITA, KS 67203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 30.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 10.00
G. Full Name, Mailing Address and ZIP Code DONALD RICE 831 SW COLLEGE AVE TOPEKA, KS 66606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KANSAS DEPARTMENT OF REVENUE Occupation TAX EXAMINER Aggregate Year-to-Date > \$ 20.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)

1,605.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Any information received 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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code PRISCILLA D. DELANEY RD 10 BOX 755 MIDDLETOWN, NY 10940 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation Housewife Aggregate Year-to-Date > \$ 60.00	Date (month, day, year) 10/29/96 Amount of Each Receipt this Period 10.00
B. Full Name, Mailing Address and ZIP Code H. H. MOLER BOX 87 CLEARVIEW CITY, MO 65019 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 35.00	Date (month, day, year) 10/29/96 Amount of Each Receipt this Period 10.00
C. Full Name, Mailing Address and ZIP Code NAOMI CHILDRESS RT 2 BOX C1F MOUND CITY, MO 65056 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation Aggregate Year-to-Date > \$ 95.00	Date (month, day, year) 10/29/96 Amount of Each Receipt this Period 15.00
D. Full Name, Mailing Address and ZIP Code BETTY RICHARDSON 5937 ASPEN GREAT BEND, KS 67530 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 70.00	Date (month, day, year) 10/29/96 Amount of Each Receipt this Period 20.00
E. Full Name, Mailing Address and ZIP Code MARY PURCELL 9 OAK KNOLL DR WALLINGFORD, PA 19086 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 32.50	Date (month, day, year) 10/29/96 Amount of Each Receipt this Period 20.00
F. Full Name, Mailing Address and ZIP Code CRAIG VOLLAND 609 N 72ND ST KANSAS CITY, KS 66112 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer SELF Occupation ENVIRONMENTAL CONSULTANT Aggregate Year-to-Date > \$ 45.00	Date (month, day, year) 10/29/96 Amount of Each Receipt this Period 20.00
G. Full Name, Mailing Address and ZIP Code SYLVIA VINCENT 4627 W 89TH ST PRAIRIE VILLAGE, KS 66207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation HOUSEWIFE Aggregate Year-to-Date > \$ 20.00	Date (month, day, year) 10/29/96 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

96020292467

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code JAN M. PARKER 72 LIBRARY ST CHILSEA, MA 02150 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <i>Housekeeper</i> Aggregate Year-to-Date > \$ 70.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 20.00
B. Full Name, Mailing Address and ZIP Code LOUISE FARRELL 1262 N 900 RD LAWRENCE, KS 66047 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 80.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 20.00
C. Full Name, Mailing Address and ZIP Code VICKY S. CARSON 717 N. PERSIMMON DR OLATHE, KS 66061 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE OF KANSAS Occupation Aggregate Year-to-Date > \$ 70.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 20.00
D. Full Name, Mailing Address and ZIP Code PATRICIA B. BOOTH 625 SW CREST DR TOPEKA, KS 66606 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer USD #437 AUBURN WASHBURN Occupation TEACHER Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 25.00
E. Full Name, Mailing Address and ZIP Code CARLA KLAUSNER 6019 SUNRISE DR FAIRWAY, KS 66205 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UMKC Occupation PROFESSOR Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 25.00
F. Full Name, Mailing Address and ZIP Code KATHERINE A. KENT 179 SEA HAMMOCK WAY PONTE VEDRA BCH, FL 32082 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 25.00
G. Full Name, Mailing Address and ZIP Code BETTY LIST 1317 SW MACVICAR AVE TOPEKA, KS 66604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code EDITH DEBETTE HUFFMAN 339 N RUTAN ST WICHITA, KS 67208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 25.00
B. Full Name, Mailing Address and ZIP Code MARY KELLEY 3000 E 6TH ST TUCSON, AZ 85718 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 25.00
C. Full Name, Mailing Address and ZIP Code FRANK JENDEL 1230 S FERN WICHITA, KS 67212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 25.00
D. Full Name, Mailing Address and ZIP Code CLARA GRISSON 6617 W 101 PLACE OVERLAND PARK, KS 66212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 25.00
E. Full Name, Mailing Address and ZIP Code MURIEL PETRUZZELLI 7920 W 118TH ST OVERLAND PARK, KS 66210 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 25.00
F. Full Name, Mailing Address and ZIP Code ORA ALLEN 3110 NE GREEN HILLS RD TOPEKA, KS 66618 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 25.00
G. Full Name, Mailing Address and ZIP Code GAYLE BENNETT 3104 HARAHEY RIDGE MANHATTAN, KS 66502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer USD 383 Occupation TEACHER Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 175.00

TOTAL This Period (last page this line number only)

96020292469

96020292469

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code CARROL MILLS 3001 QUAIL CREEK DR DOPEKA, KS 66614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 25.00
B. Full Name, Mailing Address and ZIP Code NATALIE WEISBERG 9101 EAST BAY HARBOR 704 BAY HARBOR ISLD, FL 33154 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 35.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 35.00
C. Full Name, Mailing Address and ZIP Code SALLY STARKEY 2170 N RIVERSIDE BLVD WICHITA, KS 67209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 35.00
D. Full Name, Mailing Address and ZIP Code STEFAN OFFENBACH 11808 W 99TH PL OVERLAND PARK, KS 66214 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DEPT OF VETERANS AFFAIRS Occupation PSYCHOLOGIST Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code JOSEPH R. HURLEY 7330 THUNDERBIRD LN STANTON, CA 90680 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 87.50	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and ZIP Code MARK GLICKSTEIN 350 ASHLAR DR NAPA, CA 94558 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer TPMG Occupation PHYSICIAN Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 50.00
G. Full Name, Mailing Address and ZIP Code HELEN M. THAL 6 BELLEVIEW BLVD APT 501 CLEARWATER, FL 34616 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) **295.00**

TOTAL This Period (last page this line number only)

96020292470

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code LUCILLE H. STEVENS 3122 LEGATION ST NW WASHINGTON, DC 20015 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>150.00</u>	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 50.00
B. Full Name, Mailing Address and ZIP Code MYRL DUNCAN 1205 SW MULVANE TOPEKA, KS 66609 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>50.00</u>	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and ZIP Code JAMES SKRIDULIS 1013 COLLEGE BLVD LAWRENCE, KS 66044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer JACOBS ENGINEERING Occupation ENGINEER/MANAGER Aggregate Year-to-Date > \$ <u>250.00</u>	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code WILMA DICKEY 6540 REEDS DR MISSION, KS 66202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ <u>50.00</u>	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code ROBERT MARCHAND 7221 E MAYLEY WICHITA, KS 67207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>50.00</u>	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and ZIP Code CHRISTINE DOWNEY SCHMIDT 10320 N WHEAT STATE RD INMAN, KS 67546 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation FARMER Aggregate Year-to-Date > \$ <u>150.00</u>	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 50.00
G. Full Name, Mailing Address and ZIP Code SAJJAD A HASHMI 2909 LAKERIDGE RD EMPORIA, KS 66801 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer EMPORIA STATE UNIVERSITY Occupation DEAN, SCHOOL OF BUSINESS Aggregate Year-to-Date > \$ <u>200.00</u>	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

96020292471

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code CAROLINE PEINE 2402 W. 60TH AVE KANSAS CITY, MO 64112 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code LE CLAIR BISSELL MD 1932 WOODRING RD SANITIZED, FL 33337 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code NAOMI LIVESAY FRENCH 30 HODGE RD ARLINGTON, MA 02134 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation HOUSEWIFE Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code CAROLYN BRITTLE 1140 SW FAIRFAX PL PORTLAND, OR 97225 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation HOUSEWIFE Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code ROSEMARY BURTON 3920 BUCKINGHAM DR BOISE, ID 83704 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation UNEMPLOYED Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code CONSTANCE K. DUPREY 4312 LEBLAND LN NASHVILLE, TN 37204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and ZIP Code LINDA ATKINSON BOX 241 CHANNING, MI 49815 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PHILO, ATKINSON LAW FIRM Occupation ATTORNEY Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Any information supplied on this report 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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code KATE STOVER 435 S 45TH ST PHILADELPHIA, PA 19104 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General		Name of Employer SELP Occupation Museum Consultant Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code CYNTHIA HARRIS 1113 SALAMANCA NW ALBUQUERQUE, NM 87104 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General		Name of Employer SELP Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code NANCY E. TATE 1119 N. INGLEWOOD ST ARLINGTON, VA 22203 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General		Name of Employer NATL ACADEMY OF PUBLIC ADMIN Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code JOANNA DALE 704 PONCA DR INDEPENDENCE, MO 64056 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General		Name of Employer RETIRED Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/29/96	Amount of Each Receipt this Period 25.00
E. Full Name, Mailing Address and ZIP Code JOHN MIER 8101 MISSION RD APT 120 PRAIRIE VILLAGE, KS 66208 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General		Name of Employer RETIRED Occupation Aggregate Year-to-Date > \$ 35.00	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 10.00
F. Full Name, Mailing Address and ZIP Code MARY CLARKE 2603 GEORGETOWN PL MANHATTAN, KS 66502 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General		Name of Employer Occupation Aggregate Year-to-Date > \$ 40.00	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 20.00
G. Full Name, Mailing Address and ZIP Code FRANCES CHADWICK 1227 PARK ST GREENVILLE, TX 75401 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General		Name of Employer SELP Occupation MUSICIAN Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 780.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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11(a)(1)

Contributions from individuals/Persons other than Political Committees
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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code <p>GEORGE JACKSON</p> <p>PO BOX 414</p> <p>PIERREBURG, KS 66763</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>RETIRED</p> <p>Aggregate Year-to-Date > \$ 50.00</p>	<p>Date (month, day, year)</p> <p>10/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>25.00</p>
B. Full Name, Mailing Address and ZIP Code <p>MIKE UZBLAC</p> <p>214 ORCHARD</p> <p>KANSAS CITY, KS 66101</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 25.00</p>	<p>Date (month, day, year)</p> <p>10/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>25.00</p>
C. Full Name, Mailing Address and ZIP Code <p>ELIZABETH B. WILLIAMS</p> <p>1923 E. JOYCE APT 141</p> <p>FAYETTEVILLE, AR 72703</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>RETIRED</p> <p>Aggregate Year-to-Date > \$ 75.00</p>	<p>Date (month, day, year)</p> <p>10/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>25.00</p>
D. Full Name, Mailing Address and ZIP Code <p>ROBERTA L. SWANSON</p> <p>2801 SW MAUPIN LN</p> <p>TOPEKA, KS 66614</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>STATE OF KANSAS</p> <p>Occupation</p> <p>COMPUTER PROGRAMMER</p> <p>Aggregate Year-to-Date > \$ 150.00</p>	<p>Date (month, day, year)</p> <p>10/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p>
E. Full Name, Mailing Address and ZIP Code <p>FRANK DRINKWINE</p> <p>9908 BUENA VISTA</p> <p>OVERLAND PARK, KS 66207</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>SELF</p> <p>Occupation</p> <p>FINANCIAL ADVISOR</p> <p>Aggregate Year-to-Date > \$ 50.00</p>	<p>Date (month, day, year)</p> <p>10/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p>
F. Full Name, Mailing Address and ZIP Code <p>JON SMALL</p> <p>800 SW JACKSON STE 808</p> <p>TOPEKA, KS 66612</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>SELF</p> <p>Occupation</p> <p>ATTORNEY</p> <p>Aggregate Year-to-Date > \$ 100.00</p>	<p>Date (month, day, year)</p> <p>10/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>60.00</p>
G. Full Name, Mailing Address and ZIP Code <p>JANENE MC NEIL</p> <p>2108 LONDONDERY DR</p> <p>MANHATTAN, KS 66503</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>HOUSEWIFE</p> <p>Aggregate Year-to-Date > \$ 200.00</p>	<p>Date (month, day, year)</p> <p>10/30/96</p>	<p>Amount of Each Receipt this Period</p> <p>100.00</p>

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

335.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code ROBERT WEST 305 NAUTILUS DR MADISON, WI 53705 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UNIVERSITY OF WISCONSIN Occupation Professor Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and ZIP Code EVA F BENNETT 74 PEPPERTREE LN TOPEKA, KS 66611 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired banker Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code KAREN MARTIN 1168 N. GLADSTONE INDIANAPOLIS, IN 46202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer IDEM Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code CAROLYN W. BRAIRD 7030 E. RIDGE DR SHREVEPORT, LA 71106 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation NONE Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code PATRICIA SCHIAVONE 12 GREENWICH RD EDISON, NJ 08820 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 200.00
F. Full Name, Mailing Address and ZIP Code EVELYN REGAN 5117 NE 19TH AVE VANCOUVER, WA 98663 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 105.00	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 35.00
G. Full Name, Mailing Address and ZIP Code BETSY TAYLOR 8214 CEDAR ST SILVER SPRING, MD 20910 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation SQUARE DANCE CALLER Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/30/96	Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 810.00

TOTAL This Period (last page this line number only)

96020292475

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code TIMOTHY KIDD 2101 CENTER ST STEVENS POINT, WI 53481 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 5.00
B. Full Name, Mailing Address and ZIP Code LEWIS HILL 3841 SW 39TH TER TOPICKA, KS 66610 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 5.00
C. Full Name, Mailing Address and ZIP Code MARGARET COOPER 121 OXFORD SQ CARROLLTON, GA 30117 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer WEST GEORGIA COLLEGE Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 10.00
D. Full Name, Mailing Address and ZIP Code HAL M. DAVISON 18744 PIER POINT PL CATHERSBERG, MD 20879 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 10.00
E. Full Name, Mailing Address and ZIP Code HELEN LINDSAY 801-A RONDA MENDOZA LAGUNA HILLS, CA 92653 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 10.00
F. Full Name, Mailing Address and ZIP Code L C WISELY 1216 S 7TH ST ATCHISON, KS 66002 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 15.00
G. Full Name, Mailing Address and ZIP Code MARIANNA GRIMES 4317 WAKE ROBIN DR SHELBURNE, VT 05482 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code ELIZABETH SIMON 276 AMBS RD CHAMPDEN, MA 01035 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer CHILD & FAMILY SERVICE Occupation Social Worker Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 25.00
B. Full Name, Mailing Address and ZIP Code HELEN BOCK 7255 E LAS PALMARITAS DR SCOTTSDALE, AZ 85248 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer RETIRED Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 25.00
C. Full Name, Mailing Address and ZIP Code DOLLY CRANE 1852 BRET HARTE ST PALO ALTO, CA 94306 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer RETIRED Occupation Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 35.00
D. Full Name, Mailing Address and ZIP Code MELVIN KAHN 7700 E 13TH #4 WICHITA, KS 67206 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer WICHITA STATE UNIVERSITY Occupation PROFESSOR Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code M. E. THOULESS 4959 PURDUE AVE NE SEATTLE, WA 98105 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer U OF WA Occupation PROFESSOR Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and ZIP Code FREDRICA AYN KLEMM 26 EASTON LAWRENCE, MA 01843 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer SWIX SPORT USA Occupation CONTROLLER Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 50.00
G. Full Name, Mailing Address and ZIP Code DAVID MAYNARD 1037 EDMANDS RD FRAMINGHAM, MA 01701 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

285.00

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SCHEDULE A

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VICTORIA BLOOM 6300 MIDNIGHT PASS RD SARASOTA, FL 34242 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	10/31/96	100.00
Aggregate Year-to-Date > \$ 600.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JAMES BECK 4714 WINDSOR AVE PHILADELPHIA, PA 19113 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	PEPPER, HAMILTON & SCHROEDER Attorney	10/31/96	100.00
Aggregate Year-to-Date > \$ 300.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELEANOR S. FENTON 36 HAGLE RIDGE RD NORTH OAKS, MN 55449 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	10/31/96	100.00
Aggregate Year-to-Date > \$ 200.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTIN SASS 704 BRIDGEWOOD DR BOCA RATON, FL 33434 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF President	10/31/96	150.00
Aggregate Year-to-Date > \$ 250.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY LOOMIS ERIC 137 PISGAH RD HUNTINGTON, MA 01050 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	NONE Investor	10/31/96	250.00
Aggregate Year-to-Date > \$ 700.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY DIXON 141 W. 61ST TER KANSAS CITY, MO 64113 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SPRINT Attorney	10/31/96	250.00
Aggregate Year-to-Date > \$ 750.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LESLIE E. CASHBELL MD 10 TANGLEWOOD LN GREENVILLE, RI Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Physician	10/31/96	250.00
Aggregate Year-to-Date > \$ 450.00			

SUBTOTAL of Receipts This Page (optional) 1,200.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code JOHN C ENGSTROM 5006 WORTHINGTON WAY RAYBETTSVILLE, NY 13656 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer BON APPETITE MGT COMM Occupation Food mgmt. Aggregate Year-to-Date > \$ 750.00	Date (month, day, year) 10/31/96 Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code ADELE PEINGERSH 8000 BELFAST RD POTOMAC, MD 20854 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation Aggregate Year-to-Date > \$ 12.50	Date (month, day, year) 10/31/96 Amount of Each Receipt this Period 12.50
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 E CAPITOL STREET SE WASHINGTON, DC 20003 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) 10/31/96 Amount of Each Receipt this Period 12.50 MEMO Total From Conduit
D. Full Name, Mailing Address and ZIP Code KATHARINE COX JONES 7706 MEADOW LN CHEVY CHASE, MD 20815 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation Aggregate Year-to-Date > \$ 12.50	Date (month, day, year) 10/31/96 Amount of Each Receipt this Period 12.50
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 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) 10/31/96 Amount of Each Receipt this Period 12.50 MEMO Total From Conduit
F. Full Name, Mailing Address and ZIP Code IRENE HERZ 50 ORCHARD DR OSSINING, NY 10562 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation Aggregate Year-to-Date > \$ 17.50	Date (month, day, year) 10/31/96 Amount of Each Receipt this Period 17.50
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 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) 10/31/96 Amount of Each Receipt this Period 17.50 MEMO Total From Conduit

SUBTOTAL of Receipts This Page (optional)

542.50

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code CAMILLE KURTZ 2401 CALVERT ST NW WASHINGTON, DC 20008 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LEGI-STATE INC Occupation Director Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 50.00
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 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) 10/31/96	Amount of Each Receipt this Period 50.00 MEMO Total From Conduit
C. Full Name, Mailing Address and ZIP Code PATSY ROGERS 315 FOURTH STREET NEW SUPPLINT, NY 11056 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SRLP EMPLOYED Occupation COMPOSER / TEACHER Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 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) 10/31/96	Amount of Each Receipt this Period 50.00 MEMO Total From Conduit
E. Full Name, Mailing Address and ZIP Code JOANNA WEINBERG 40 OAKDALE AVE BERKLEY, CA 94705 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation PROFESSOR Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 25.00
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 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) 10/31/96	Amount of Each Receipt this Period 25.00 MEMO Total From Conduit
G. Full Name, Mailing Address and ZIP Code EDGAR CHASE 9406 MICHAEL DR CLINTON, MD 20735 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) 175.00

TOTAL This Period (last page this line number only)

96020292480

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 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) 10/31/96	Amount of Each Receipt this Period 50.00 MEMO Total From Conduit
B. Full Name, Mailing Address and ZIP Code LILIANE CUMMINS 3612 BLUEDALE ST ALEXANDRIA, VA 22304 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 12.50 Total From Conduit
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 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) 10/31/96	Amount of Each Receipt this Period 12.50 MEMO Total From Conduit
D. Full Name, Mailing Address and ZIP Code JUTTA HEIM 1315 RIVERVIEW DR WACONAH, IL 61455 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer WESTERN ILLINOIS UNIVERSITY Occupation PROFESSOR Aggregate Year-to-Date > \$	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 25.00 Total From Conduit
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 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) 10/31/96	Amount of Each Receipt this Period 25.00 MEMO Total From Conduit
F. Full Name, Mailing Address and ZIP Code AUDREY PERRI 8373 CAMINO SUR CUCAMONGA, CA 91730 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation ATTORNEY Aggregate Year-to-Date > \$	Date (month, day, year) 10/31/96	Amount of Each Receipt this Period 12.50 Total From Conduit
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 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) 10/31/96	Amount of Each Receipt this Period 12.50 MEMO Total From Conduit

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code

JACQUELYN WONG

311 W 107 ST

NEW YORK, NY 10025

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month,
day, year)

10/31/96

Amount of Each
Receipt this Period

30.00

30.00

B. Full Name, Mailing Address and ZIP Code

Above contribution earmarked through:

WOMEN'S COUNCIL FUND

430 S CAPITOL STREET SE

WASHINGTON, DC 20003

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month,
day, year)

10/31/96

Amount of Each
Receipt this Period

30.00 MEMO

Total From Conduit

C. Full Name, Mailing Address and ZIP Code

LILIANE CUMMINS

8612 BLUEDALE ST

ALEXANDRIA, VA 22304

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month,
day, year)

10/31/96

Amount of Each
Receipt this Period

12.50

D. Full Name, Mailing Address and ZIP Code

Above contribution earmarked through:

WOMEN'S COUNCIL FUND

430 S CAPITOL STREET SE

WASHINGTON, DC 20003

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month,
day, year)

10/31/96

Amount of Each
Receipt this Period

12.50 MEMO

Total From Conduit

E. Full Name, Mailing Address and ZIP Code

BEVERLY JOHNSON

1244 GEORGETOWN AVE

SAN LEANDRO, CA 94579

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month,
day, year)

10/31/96

Amount of Each
Receipt this Period

12.50

F. Full Name, Mailing Address and ZIP Code

Above contribution earmarked through:

WOMEN'S COUNCIL FUND

430 S CAPITOL STREET SE

WASHINGTON, DC 20003

Receipt For: ☐ Primary ☐ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month,
day, year)

10/31/96

Amount of Each
Receipt this Period

12.50 MEMO

Total From Conduit

G. Full Name, Mailing Address and ZIP Code

MARION JENKINS

464 RIVERSIDE DR S1

NEW YORK, NY 10027

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-to-Date > \$

Date (month,
day, year)

10/31/96

Amount of Each
Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/31/96	25.00 MEMO Total From Conduit
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOAN CHRISLER 116 FIFTH AVE W MILFORD, CT 06450 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	CONNECTICUT COLLEGE Occupation Professor	10/31/96	25.00
Aggregate Year-to-Date > \$		25.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/31/96	25.00 MEMO Total From Conduit
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
DR. LYNN NICHOLAS 50 CENTRAL PARK WEST NEW YORK, NY 10023 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF EMPLOYED Occupation PSYCHOLOGIST	10/31/96	250.00
Aggregate Year-to-Date > \$		250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/31/96	250.00 MEMO Total From Conduit
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
SANDRA ESKIN 1047 WOODLAWN IOWA CITY, IA 52245 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	10/31/96	500.00
Aggregate Year-to-Date > \$		950.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	10/31/96	500.00 MEMO Total From Conduit
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code JOHN ESPE 23405 HUNBER LN RAYMONDS, WA 98020 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation Aggregate Year-to-Date > \$ 12.50	Date (month, day, year) 10/31/96 Amount of Each Receipt this Period 12.50
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked through: WOMEN'S COUNCIL FUND 430 S CAPITOL STREET SE WASHINGTON, DC 20003 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) 10/31/96 Amount of Each Receipt this Period 12.50 MEMO Total From Conduit
C. Full Name, Mailing Address and ZIP Code JOSEPH LEONE 136 E VINE ST JUNCTION CITY, KS 66441 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer NONE Occupation Aggregate Year-to-Date > \$ 40.00 DISABLED VETERAN	Date (month, day, year) 10/31/96 Amount of Each Receipt this Period 10.00
D. Full Name, Mailing Address and ZIP Code LINDA ZENICK 118 GRAFTON ST CHEVY CHASE, MD 20815 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer UNEMPLOYED Occupation Aggregate Year-to-Date > \$ 50.00 NURSE/HEALTH COORDINATOR	Date (month, day, year) 10/31/96 Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code BENNETT LEVY 4410 W 90TH ST PRAIRIE VILLAGE, KS 66207 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation Aggregate Year-to-Date > \$ 10.00 RETIRED	Date (month, day, year) 11/01/96 Amount of Each Receipt this Period 10.00
F. Full Name, Mailing Address and ZIP Code CAROL LAVICK 4512 N. BIGBLOW PROCTOR, IL 61614 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer 1ST PLACE TROPHIES Occupation Aggregate Year-to-Date > \$ 20.00 TYPE-SETTER	Date (month, day, year) 11/01/96 Amount of Each Receipt this Period 10.00
G. Full Name, Mailing Address and ZIP Code KAREN MARIE DICKENS 4041 SW 10TH # 117 TOPEKA, KS 66604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer KAWATS ACCOUNTING CS Occupation Aggregate Year-to-Date > \$ 115.00 GI BILL	Date (month, day, year) 11/01/96 Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) **102.50**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code JANICE M. MELLAND 1120 OREGON ST LAWRENCE, KS 66044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer WASHBURN UNIVERSITY Occupation Instructor Aggregate Year-to-Date > \$ 35.00	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 15.00
B. Full Name, Mailing Address and ZIP Code THELMA HANSON 1025 E 11TH JOPOLIA, KS 66801 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 15.00	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 15.00
C. Full Name, Mailing Address and ZIP Code JOAN PEREZ 704 N 10TH ST HUMPHREY, KS 66940 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 20.00	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 20.00
D. Full Name, Mailing Address and ZIP Code EVELYN DOUDNA PO BOX 443 BALDWIN, KS 66006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 20.00	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 20.00
E. Full Name, Mailing Address and ZIP Code CATHERINE J. PARKINS 21025 LE MARSH ST NO 16C CHATSWORTH, CA 91311 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 95.00	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 25.00
F. Full Name, Mailing Address and ZIP Code KAY KINDALL HARTENBERGER 1215 SW GAGE BLVD TOPEKA, KS 66604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 25.00
G. Full Name, Mailing Address and ZIP Code MAR BENNE 331 NW 53RD SEATTLE, WA 98107 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 145.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER

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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SHIRLEY MC KAY 4020 W 97TH ST SHAWNEE MISSION, KS 64227 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		11/01/96	25.00
Aggregate Year-to-Date > \$		125.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MERWIN BLUH 12930 CAMINO RAMILLETTE SAN DIEGO, CA 92128 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		11/01/96	50.00
Aggregate Year-to-Date > \$		95.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD RICE 540-775 PITTVILLE RD MC ARTHUR, CA 96056 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		11/01/96	50.00
Aggregate Year-to-Date > \$		150.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD COLCUN 11960 - 18TH AVE ELVINE, CA 92225 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		11/01/96	50.00
Aggregate Year-to-Date > \$		250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SARA SABO 15 COVEY HILL RD READING, MA 01867 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	STONEHAM SCHOOLS	11/01/96	50.00
Aggregate Year-to-Date > \$		100.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D. SOSLAND-EDELMAN 2913 W 124TH ST LEAWOOD, KS 66209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		11/01/96	50.00
Aggregate Year-to-Date > \$		50.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELIZABETH SQUIRE 85 MANEY BRANCH RD WEAVERVILLE, NC 28787 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	SELF	11/01/96	100.00
Aggregate Year-to-Date > \$		350.00	

SUBTOTAL of Receipts This Page (optional)

375.00

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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Any information developed 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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code OWEN ROBERTS 4701 FULTON ST NW WASHINGTON, DC 20007 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>200.00</u>	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code DON WOOD 612 EAST MYRTLE ST INDEPENDENCE, KS 64901 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>250.00</u>	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code COLLEEN KELLY JOHNSTON 1459 HOMESTEAD RICHITA, KS 67208 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General	Name of Employer JOHNSTON & JOHNSTON Occupation OFFICE MANAGER Aggregate Year-to-Date > \$ <u>1,050.00</u>	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code NEIL SOSLAND 5910 OAKWOOD RD SHAWNEE MISSION, KS 66213 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General	Name of Employer SOSLAND PUBLISHING CO Occupation JOURNALIST Aggregate Year-to-Date > \$ <u>1,000.00</u>	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 750.00
E. Full Name, Mailing Address and ZIP Code DOROTHY NOVOTNY 8337 LOWELL APT 2 OVERLAND PARK, KS 66212 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ <u>150.00</u>	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code ENELL POERSTER 920 RATONS MANHATTAN, KS 66502 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>60.00</u>	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 10.00
G. Full Name, Mailing Address and ZIP Code PATSY BAKER 115 LOCUST HILL FRANKFORT, KY 40601 Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> General	Name of Employer Occupation HOUSEWIFE Aggregate Year-to-Date > \$ <u>30.00</u>	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) 1,570.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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Any information reported on this form for 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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code JONATHAN RITZENBERG 691 E NAPLES DR NO 16 LAS VEGAS, NV 89119		Name of Employer Occupation Student	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 10.00		
B. Full Name, Mailing Address and ZIP Code SARAH MERRILL 1433 SW BURNETT RD TOPEKA, KS 66604		Name of Employer Occupation RETIRED	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 30.00		
C. Full Name, Mailing Address and ZIP Code AILEEN J. MADEN 3800 W. WILSON SP 302 SPRINGFIELD, CA 92228		Name of Employer Occupation RETIRED	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 15.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 42.50		
D. Full Name, Mailing Address and ZIP Code FRANCES L. PADGETT 1477 LEAFVIEW RD BRENTON, GA 30833		Name of Employer Occupation RETIRED	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 70.00		
E. Full Name, Mailing Address and ZIP Code ELIZABETH SIMON 276 AMES RD WAMDEN, MA 01036		Name of Employer CHILD & FAMILY SERVICE Occupation SOCIAL WORKER	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code MICHAEL HEMER 2400 WHITE HORSE TR AUSTIN, TX 78757		Name of Employer Occupation	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 50.00		
G. Full Name, Mailing Address and ZIP Code MARY PORTERFIELD 2233 CALDWELL GOODLAND, KS 67735		Name of Employer Occupation	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 25.00		

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

96020292488

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER

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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code MARCI FRANCISCO 946 OHIO Lawrence, KS <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/02/96 35.00	Amount of Each Receipt this Period 25.00
B. Full Name, Mailing Address and ZIP Code HELEN CARR 40 WEST 77TH ST New York, NY 10023 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/02/96 150.00	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and ZIP Code RICHARD H. GOODWIN PO BOX 2040 Salem, CT 06420 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/02/96 150.00	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and ZIP Code VIVIAN S. GUZE 66 SUNSET AVE Montclair, NJ 07042 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/02/96 300.00	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code HELEN MADELINE THOMPSON 120 CABRINI BLVD #124 New York, NY 10032 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/02/96 300.00	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code HERBERT HODES MD 4840 COLLEGE BLVD Overland Park, KS 66211 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer A WOMEN'S CHOICE Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/02/96 125.00	Amount of Each Receipt this Period 125.00
G. Full Name, Mailing Address and ZIP Code LOUISE DICKINSON 1 PARKS AVENUE Dallas, PA 18612 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/02/96 500.00	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only)

96020292489

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Any information obtained 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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code DON BUCHANAN 26 E RILLITO ST #5A PHOENIX, AZ 85705 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation <i>Retired</i> Aggregate Year-to-Date > \$ <i>11.00</i>	Date (month, day, year) 11/04/96	Amount of Each Receipt this Period 3.00
B. Full Name, Mailing Address and ZIP Code SUSAN PASTIN 734 MULFORD EVANSTON, IL 60202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>25.00</i>	Date (month, day, year) 11/04/96	Amount of Each Receipt this Period 10.00
C. Full Name, Mailing Address and ZIP Code NADINE GREEN 1701 THOMAS DR MANHATTAN, KS 66504 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>30.00</i>	Date (month, day, year) 11/04/96	Amount of Each Receipt this Period 10.00
D. Full Name, Mailing Address and ZIP Code DAVID BAILIN 10 WASHINGTON VALLEY RD MORRISTOWN, NJ 07960 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>25.00</i>	Date (month, day, year) 11/04/96	Amount of Each Receipt this Period 10.00
E. Full Name, Mailing Address and ZIP Code CARL A. DAVIDSON 843 6TH ST DEVILS LAKE, ND 58701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>25.00</i>	Date (month, day, year) 11/04/96	Amount of Each Receipt this Period 20.00
F. Full Name, Mailing Address and ZIP Code NANCY SPERO GOLUB 530 LA GUARDIA PL NEW YORK, NY 10012 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation ARTIST Aggregate Year-to-Date > \$ <i>75.00</i>	Date (month, day, year) 11/04/96	Amount of Each Receipt this Period 25.00
G. Full Name, Mailing Address and ZIP Code HAZEL GOMEZ 3711 OAKWOOD DR TOPEKA, KS 66609 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ <i>45.00</i>	Date (month, day, year) 11/04/96	Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 103.00

TOTAL This Period (last page this line number only)

96020292490

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VIRGINIA M. MINOR 65 SAYRE DR PRINCETON, NJ 08540 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired	11/04/96	50.00
Aggregate Year-to-Date > \$ 150.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANCES M. DANAHER 16 S. MAIN ST #407 BARRE, VT 05641 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	DISABLED	11/04/96	50.00
Aggregate Year-to-Date > \$ 100.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD YEOMANS 9234 KESSLER LN OVERLAND PARK, KS 66212 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	COMPREHENSIVE HEALTH FOR WOMEN	11/04/96	100.00
Aggregate Year-to-Date > \$ 200.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARY V. NEFF 2013 PRAIRIE AVE CHICAGO, IL 60616 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RETIRED	11/04/96	100.00
Aggregate Year-to-Date > \$ 500.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERTA FARRELL 9650 BELINDER RD LEAWOOD, KS 66206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	MORRISON & HECKLER	11/04/96	100.00
Aggregate Year-to-Date > \$ 100.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GLORIA HICKOK 5920 MISSION DR MISSION HILLS, KS 66208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	POST	11/04/96	200.00
Aggregate Year-to-Date > \$ 200.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY F. SOLOMON 151 CENTRAL PARK WEST NEW YORK, NY 10023 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	VOLUNTEER	11/04/96	250.00
Aggregate Year-to-Date > \$ 400.00			

SUBTOTAL of Receipts This Page (optional) 850.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code MARY DIXON 1226 W 67TH TER KANSAS CITY, MO 64113 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/04/96 Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code SUSAN ADELMAN 329 - 23RD ST SANTA MONICA, CA 90402 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer TIVOLI REALTY Occupation EXECUTIVE Aggregate Year-to-Date > \$ 450.00	Date (month, day, year) 11/04/96 Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code M.E. KRIGEL 2911 W 68TH SHAMBER MISSION, KS 66208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 10.00	Date (month, day, year) 11/05/96 Amount of Each Receipt this Period 10.00
D. Full Name, Mailing Address and ZIP Code MARY COLE 2525 SOMERSET WICHITA, KS 67204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer WESLEY MEDICAL CENTER Occupation REGISTERED NURSE Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 11/05/96 Amount of Each Receipt this Period 25.00
E. Full Name, Mailing Address and ZIP Code MIKE DICKSON BOX 452 WICHITA, KS 67201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation Aggregate Year-to-Date > \$ 20.00	Date (month, day, year) 11/05/96 Amount of Each Receipt this Period 20.00
F. Full Name, Mailing Address and ZIP Code LORETTA TEAGARDEN 2011 SW BROADVIEW DR TOPEKA, KS 66615 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 11/05/96 Amount of Each Receipt this Period 50.00
G. Full Name, Mailing Address and ZIP Code BARBARA ROSS 3025 SE ILLINOIS ST TOPEKA, KS 66605 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 11/05/96 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)

905.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code L.V. SAM ROPER BOX 276 STURGEON, KS 66743	Name of Employer Occupation	Date (month, day, year) 11/06/96	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 50.00		
B. Full Name, Mailing Address and ZIP Code JEWEL BRIGGS 105 S RIDGE DUMFRIES, IA 76500	Name of Employer Occupation	Date (month, day, year) 11/06/96	Amount of Each Receipt this Period 5.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 25.00		
C. Full Name, Mailing Address and ZIP Code JOHN A. KELLY 173 MARYKNOLL DR STELLER, MN 55002	Name of Employer ANDERSON CO. Occupation	Date (month, day, year) 11/06/96	Amount of Each Receipt this Period 10.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 26.62		
D. Full Name, Mailing Address and ZIP Code MARTHA GANNON 420 SW YORKSHIRE RD TOPEKA, KS 66606	Name of Employer STATE OF KANSAS Occupation	Date (month, day, year) 11/06/96	Amount of Each Receipt this Period 35.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 70.00		
E. Full Name, Mailing Address and ZIP Code MARGERY NAGEL 7 COLONIAL CT WICHITA, KS 67207	Name of Employer SELF Occupation	Date (month, day, year) 11/06/96	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code HAROLD SCHNEIDER 1405 NICHOLS ST MANHATTAN, KS 66503	Name of Employer KANSAS STATE UNIVERSITY Occupation	Date (month, day, year) 11/06/96	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 175.00		
G. Full Name, Mailing Address and ZIP Code MARY SCHNEIDER 1405 NICHOLS ST MANHATTAN, KS 66503	Name of Employer Occupation	Date (month, day, year) 11/06/96	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 25.00		

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

96020292493

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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11(a)(1)

Contributions from Individuals/Persons Other than Political Committee
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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code KATHRYN KUEHL 3400 SULLIVAN CT #175 WODESTO, CA 95355 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CA DEPT OF CORRECTIONS Occupation ASSOCIATE PERSONNEL ANALYST Aggregate Year-to-Date > \$ 75.00	Date (month, day, year) 11/07/96	Amount of Each Receipt this Period 25.00
B. Full Name, Mailing Address and ZIP Code DONALD AARON 16550 SANTA FE TRAIL LEAVENWORTH, KS 66048 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 11/07/96	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and ZIP Code E.R. BROWNSCOMBE 2822 LEWIS DR. LA VERNE, CA 91750 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/07/96	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and ZIP Code ARDITH SEHULSTER 4795 SUNSHINE CANYON BOULDER, CO 80302 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 11/07/96	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code RACHEL Z. RITVO M.D. 4020 EVERETT ST KENSINGTON, MD 20895 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation PHYSICIAN Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 11/08/96	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and ZIP Code TRACY STEIN 6002 ANNAPOLIS ST HOUSTON, TX 77005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF Occupation ATTORNEY Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 11/14/96	Amount of Each Receipt this Period 50.00
G. Full Name, Mailing Address and ZIP Code SHELBY SEILER 1804 CHAPMAN DR LAS VEGAS, NV 89104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED Occupation SEILER INC Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/16/96	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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11(a)(1)

Contributions from Individuals/Persons Other than Political Committees
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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code DAVID HARRIS 1725 CRYSTAL SHADOWS CIR LAS VEGAS, NV 89119 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SELF EMPLOYED Occupation SEILER INC Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 11/16/96	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code PAUL WALMER 133B N. WHITE DR GARDNER, KS 66030 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 15.00	Date (month, day, year) 11/25/96	Amount of Each Receipt this Period 5.00
C. Full Name, Mailing Address and ZIP Code L C WISSELY 1216 S 7TH ST ATCHISON, KS 66002 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 60.00	Date (month, day, year) 11/25/96	Amount of Each Receipt this Period 10.00
D. Full Name, Mailing Address and ZIP Code J.W. HAUPT 1006 AMIDON WICHITA, KS 67203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 85.00	Date (month, day, year) 11/25/96	Amount of Each Receipt this Period 10.00
E. Full Name, Mailing Address and ZIP Code DORINDA LAMBERT 531 WICKHAM MANHATTAN, KS 66502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KANSAS STATE UNIVERSITY Occupation PSYCHOLOGIST Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 11/25/96	Amount of Each Receipt this Period 10.00
F. Full Name, Mailing Address and ZIP Code GUSTAV VAN TASSEL 2813 MEADOW DR LAWRENCE, KS 66047 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 35.00	Date (month, day, year) 11/25/96	Amount of Each Receipt this Period 15.00
G. Full Name, Mailing Address and ZIP Code RICHARD WELSBACHER 1534 YALE BLVD WICHITA, KS 67208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 45.00	Date (month, day, year) 11/25/96	Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons Other than Political Committees

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

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11 (a) 1

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):

SALLY THOMPSON FOR U.S. SENATE

A. Full, Name & Mailing Address and ZIP Code HUGH MC CAUSLAND 1339 WARD PARKWAY TOPEKA KS 66604 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (Specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date: \$60.00	Date (Month day, year) 11/25/96	Amount of Each Receipt This Period 35.00
B. Full, Name & Mailing Address and ZIP Code ELEANOR H. KNIGHT 1301 WESTERN AVE N #117 LAKE FOREST IL 60045 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (Specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date: \$100.00	Date (Month day, year) 11/25/96	Amount of Each Receipt This Period 50.00
C. Full, Name & Mailing Address and ZIP Code HOWARD MOSES 5410 CONNECTICUT #607 WASHINGTON DC 20015 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (Specify):	Name of Employer FEDERAL GOVERNMENT Occupation ADMINISTRATOR Aggregate Year-to-Date: \$150.00	Date (Month day, year) 11/25/96	Amount of Each Receipt This Period 50.00
D. Full, Name & Mailing Address and ZIP Code E.C. GORDON 764 S MAIN FORT SCOTT, KS 66701 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (Specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date: \$500.00	Date (Month day, year) 11/25/96	Amount of Each Receipt This Period 100.00
E. Full, Name & Mailing Address and ZIP Code NOTE: WOMEN'S COUNCIL FUND 430 E CAPITOL STREET SE WASHINGTON DC 20003 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify):	Name of Employer Total amount earmarked contributions received from conduit: \$1,135.00 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 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 Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date:	Date (Month day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (Optional)			235.00
TOTAL This Period (last page this line number only)			43,576.32

96020292496

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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11 (b)

Contributions from Party Committees
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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code RENO COUNTY DEMOCRATIC WOMEN'S CLUB 1511 WILLOW RD WICHITSON, KS 67502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 40.00	Date (month, day, year) 10/17/96	Amount of Each Receipt this Period 40.00
B. Full Name, Mailing Address and ZIP Code SEDGWICK COUNTY FEDERATION OF DEMOCRATIC WOMEN WICHITA, KS Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code NATIONAL FEDERATION OF DEMOCRATIC WOMEN PO BOX 1097 LIVINGSTON, MT 59047 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code CAPITAL AREA FEDERATION OF WOMENS DEMOCRATIC CLUB BOX 3888 TOPEKA, KS 66604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 10/20/96	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code CHELLIE PINGREE FOR STATE SENATE PO BOX 243 NORTH HAVEN, ME 04853 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 25.00
F. Full Name, Mailing Address and ZIP Code WOMENS CAMPAIGN FUND FEDERAL ACCOUNT 120 MARYLAND AVENUE NE WASHINGTON, DC 20002 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 7,500.00	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 2,500.00
G. Full Name, Mailing Address and ZIP Code KANSAS DEMOCRATIC PARTY KCC FEDERAL PO BOX 1914 TOPEKA, KS 66601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 5,000.00

SUBTOTAL of Receipts This Page (optional)

8,715.00

TOTAL This Period (last page this line number only)

96020292497

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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11 (b)

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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code MCPHERSON COUNTY DEMOCRATS 1524 TRAIL NORTH MCPHERSON, KS 67460 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 110.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 60.00
B. Full Name, Mailing Address and ZIP Code DONIPHAN COUNTY DEMOCRATIC COMMITTEE RR1 BOX 81A BRNDENA, KS 66908 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 11/02/96	Amount of Each Receipt this Period 150.00
C. Full Name, Mailing Address and ZIP Code FINNEY COUNTY DEMOCRATIC CENTRAL COMMITTEE BOX 673 GARDEN CITY, KS 67846 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 11/04/96	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code ELLSWORTH COUNTY DEMOCRATIC CENTRAL COMMITTEE 210 N KANSAS ELLSWORTH, KS 67439 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 11/11/96	Amount of Each Receipt this Period 50.00
E. Full Name, Mailing Address and ZIP Code PRATT DEMOCRATIC CENTRAL COMMITTEE 130337 NE 70TH ST PRESTON, KS 67569 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 11/19/96	Amount of Each Receipt this Period 200.00
F. Full Name, Mailing Address and ZIP Code LINCOLN COUNTY DEMOCRATIC COMMITTEE BOX 135 BEVERLY, KS 67423 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 25.00	Date (month, day, year) 11/25/96	Amount of Each Receipt this Period 25.00
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

9,300.00

96020292498

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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11(c)

Contributions from Other Political Committees
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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code BROTHERHOOD OF LOCOMOTIVE ENGINEERS PAC FUND 1370 ONTARIO ST CLEVELAND, OH 44113 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 10/17/96	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code AUTOMOTIVE WAREHOUSE DISTRIBUTORS ASSN POLITICAL ACTION COMMITTEE 9140 WARD PARKWAY KANSAS CITY, MO 64114 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code NATIONAL ORGANIZATION FOR WOMEN POLITICAL ACTION COMMITTEE PO BOX 7157 WASHINGTON, DC 20044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code INTERNATIONAL UNION OF ELEVATOR CONSTRUCTORS LOCAL 12 PAC 625 W 39TH STE 212 KANSAS CITY, MO 64111 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code HANDGUN CONTROL INC. VOTER EDUCATION FUND 1225 EYE ST NW STE 1100 WASHINGTON, DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 3,000.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 2,000.00
F. Full Name, Mailing Address and ZIP Code NATIONAL ASSOCIATION RETIRED FEDERAL EMPLOYEES POLITICAL ACTION COMMITTEE 1533 NEW HAMPSHIRE NW WASHINGTON, DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 10/18/96	Amount of Each Receipt this Period 5,000.00
G. Full Name, Mailing Address and ZIP Code PROFESSIONAL AIRWAYS SYSTEMS SPECIALISTS POLITICAL ACTION COMMITTEE 1150 - 17TH ST NW #702 WASHINGTON, DC 20036 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

8,600.00

TOTAL This Period (last page this line number only)

96020292499

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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11(c)

Contributions from Other Political Committees
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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code AMERICAN FEDERATION OF TEACHERS COMMITTEE OF POLITICAL EDUCATION 555 NEW JERSEY AVE NW WASHINGTON, DC 20001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 2,500.00
B. Full Name, Mailing Address and ZIP Code THE NEW DEMOCRAT NETWORK PO BOX 15448 WASHINGTON, DC 20003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 527.50	Date (month, day, year) 10/21/96	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code LABORERS' POLITICAL LEAGUE 905-16TH STREET, NW WASHINGTON, DC 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 8,000.00	Date (month, day, year) 10/22/96	Amount of Each Receipt this Period 5,000.00
D. Full Name, Mailing Address and ZIP Code PAYLESS SHOESOURCE INC. POLITICAL ACTION COMMITTEE 3231 E 6TH ST TOPEKA, KS 66607 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/25/96	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code VOTERS FOR CHOICE FEDERAL 2604 CONNECTICUT NW #200 WASHINGTON, DC 20008 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, POLITICAL ACTION COMMITTEE 80 F STREET NW WASHINGTON, DC 20001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 10/28/96	Amount of Each Receipt this Period 2,000.00
G. Full Name, Mailing Address and ZIP Code AT&T PAC 32 AVE OF THE AMERICAS NEW YORK, NY 10013 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

12,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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11 (c)

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NAME OF COMMITTEE (in Full)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code MACHINISTS NON- PARTISAN POLITICAL LEAGUE MULTI CANDIDATE COMMITTEE 9000 MACHINIST PLACE UPPER MARLBORO, MD 20772 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 10,000.00	Date (month, day, year) 11/01/96	Amount of Each Receipt this Period 2,500.00
B. Full Name, Mailing Address and ZIP Code THE NEW DEMOCRAT NETWORK PO BOX 15448 WASHINGTON, DC 20003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 527.50	Date (month, day, year) 11/06/96	Amount of Each Receipt this Period 27.50
C. Full Name, Mailing Address and ZIP Code BOBANCEPAC P.O. BOX 419038 KANSAS CITY, MO 64183 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 11/16/96	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code SIERRA HEALTH SERVICES POLITICAL ACTION COMMITTEE 2724 NORTH TENAYA WAY LAS VEGAS, NV 89128 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/25/96	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

4,027.50

TOTAL This Period (last page this line number only)

24,727.50

96020292501

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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11 (d)

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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code SALLY THOMPSON PO BOX 358 TOPEKA, KS 66601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE OF KANSAS Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/25/96 In-Kind: MILEAGE	Amount of Each Receipt this Period 1,200.00
B. Full Name, Mailing Address and ZIP Code SALLY THOMPSON PO BOX 358 TOPEKA, KS 66601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE OF KANSAS Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/25/96 In-Kind: FOOD - FUND RAISING	Amount of Each Receipt this Period 222.10
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

SUBTOTAL of Receipts This Page (optional)

1,422.10 MEMO

TOTAL This Period (last page this line number only)

1,422.10 MEMO

96020292502

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE / OF /
FOR LINE NUMBER

13 (a)

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)

Sally Thompson for U.S. Senate

A. Full Name, Mailing Address and ZIP Code SALLY THOMPSON PO BOX 358 TOPEKA, KS 66601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE OF KANSAS Occupation STATE TREASURER Aggregate Year-to-Date > \$ 35,000.00	Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 8,000.00 (personal funds)
B. Full Name, Mailing Address and ZIP Code SALLY THOMPSON PO BOX 358 TOPEKA, KS 66601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE OF KANSAS Occupation STATE TREASURER Aggregate Year-to-Date > \$ 35,000.00	Date (month, day, year) 10/24/96	Amount of Each Receipt this Period 6,500.00 (personal funds)
C. Full Name, Mailing Address and ZIP Code SALLY THOMPSON PO BOX 358 TOPEKA, KS 66601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE OF KANSAS Occupation STATE TREASURER Aggregate Year-to-Date > \$ 35,000.00	Date (month, day, year) 10/24/96	Amount of Each Receipt this Period 7,500.00 (personal funds)
D. Full Name, Mailing Address and ZIP Code SALLY THOMPSON PO BOX 358 TOPEKA, KS 66601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE OF KANSAS Occupation STATE TREASURER Aggregate Year-to-Date > \$ 35,000.00	Date (month, day, year) 10/26/96	Amount of Each Receipt this Period 3,000.00 (personal funds)
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

25,000.00

TOTAL This Period (last page this line number only)

25,000.00

96020292503

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 6

FOR LINE NUMBER
17

Operating Expenditures

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):

SALLY THOMPSON FOR U.S. SENATE

A. Full, Name & Mailing Address and ZIP Code	Purpose of Disbursement	Date (Month day, year)	Amount of Each Disbursement This Period
U.S. Postal Service Gage Center Station Topeka KS 66604-9998	Stamps	10/18/96	320.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10/30/96	900.00
	<input type="checkbox"/> Other (Specify)		
B. Full, Name & Mailing Address and ZIP Code	Purpose of Disbursement	Date (Month day, year)	Amount of Each Disbursement This Period
The Olive Tree 2949 N Rock Rd Wichita KS 67201	Expenses for Ann Richards fund raiser	10/18/96	1,084.98
	Disbursement for: <input type="checkbox"/> Primary <input checked="" 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
Integram 2730 Prosperity Ave Fairfax VA 22030	Expense for bulk mail	10/19/96	2,356.25
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10/28/96	122.17
	<input type="checkbox"/> Other (Specify)	11/14/96	1,551.73
D. Full, Name & Mailing Address and ZIP Code	Purpose of Disbursement	Date (Month day, year)	Amount of Each Disbursement This Period
The Mail Box 2828 SW Arrowhead Topeka KS 66614	Overnight express	10/19/96	15.50
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10/21/96	10.40
	<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
Office Max 2109 SW Fairlawn Plaza Topeka KS 66614	Office supplies	10/21/96	31.29
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10/17/96	34.04
	<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
Walmart 17th & Wanamaker Topeka KS 66614	Photograph development	10/21/96	43.93
	Disbursement for: <input type="checkbox"/> Primary <input checked="" 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
Fern King & Murphy 1043 Cecil Place NW Washington DC 20007	Edit & air TV/Radio commercials	10/21/96	60,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10/23/96	40,000.00
	<input type="checkbox"/> Other (Specify)	10/25/96	10,000.00
		10/30/96	22,000.00
H. Full, Name & Mailing Address and ZIP Code	Purpose of Disbursement	Date (Month day, year)	Amount of Each Disbursement This Period
Capital City Bank 37th & Topeka Topeka KS 66611	bank charges	10/21/96	15.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	10/24/96	15.00
	<input type="checkbox"/> Other (Specify)	10/25/96	15.00
		10/30/96	5.00
		11/19/96	17.00
I. Full, Name & Mailing Address and ZIP Code	Purpose of Disbursement	Date (Month day, year)	Amount of Each Disbursement This Period
US Postal Service Topeka KS 66675	Postage	10/24/96	1,394.11
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (Specify)		
SUBTOTAL of Disbursements This Page (optional)			159,931.40
TOTAL This Period (last page this line number only)			

9602292504

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

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

PAGE 2 OF 6

FOR LINE NUMBER

17

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):

SALLY THOMPSON FOR U.S. SENATE

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A. Full, Name & Mailing Address and ZIP Code Sun Publications Inc. PO Box 12921 Overland Park KS 66282-2921	Purpose of Disbursement Newspaper ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 10/23/96	Amount of Each Disbursement This Period 549.60
B. Full, Name & Mailing Address and ZIP Code Christine Streff 1561 SW Village Dr Topeka KS 66604	Purpose of Disbursement Reimburse for copies/supplies Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 10/23/96 10/23/96	Amount of Each Disbursement This Period 194.25 19.59
C. Full, Name & Mailing Address and ZIP Code Erwin Seba 1225 Throop Topeka KS 66604	Purpose of Disbursement Reimburse for misc expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 10/23/96 11/08/96	Amount of Each Disbursement This Period 10.00 8.09
D. Full, Name & Mailing Address and ZIP Code Nathan Ham Photography 320 NW Laurent Topeka KS 66608	Purpose of Disbursement Candidate photograph Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 10/23/96	Amount of Each Disbursement This Period 15.92
E. Full, Name & Mailing Address and ZIP Code Jennifer Treat 2446 20th St NW Washington DC 20009	Purpose of Disbursement Fund raising consultant fees/expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 10/23/96 11/25/96	Amount of Each Disbursement This Period 4,178.49 1,750.00
F. Full, Name & Mailing Address and ZIP Code Fenn-King-Murphy 1043 Cecil Place NW Washington DC 20007	Purpose of Disbursement Media consulting fees Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 10/23/96	Amount of Each Disbursement This Period 4,455.79
G. Full, Name & Mailing Address and ZIP Code CellularOne PO Box 27-655 Kansas City MO 64180-0655	Purpose of Disbursement Mobil telephone charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 10/23/96 11/08/96 11/18/96	Amount of Each Disbursement This Period 244.69 214.35 272.59
H. Full, Name & Mailing Address and ZIP Code Central States Media L.C. P.O. Box 8601 Wichita KS 67208-0601	Purpose of Disbursement Fax service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 10/23/96 11/01/96 11/08/96	Amount of Each Disbursement This Period 579.69 962.02 246.65
I. Full, Name & Mailing Address and ZIP Code Wyandotte County Democratic Central Committee 816 N. 9th PO Box 1216 Kansas City KS 66117	Purpose of Disbursement Voter services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 10/25/96	Amount of Each Disbursement This Period 1,500.00
SUBTOTAL of Disbursements This Page (optional)			15,201.72
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 6

FOR LINE NUMBER
17

Operating Expenditures

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NAME OF COMMITTEE (in Full):

SALLY THOMPSON FOR U.S. SENATE

96020292506

A. Full, Name & Mailing Address and ZIP Code Peggy Hanna 1912 SW Cheyenne Rd Topeka KS 66604-3706	Purpose of Disbursement Copy pre-election FEC report	Date (Month day, year) 10/19/96	Amount of Each Disbursement This Period 15.16
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
B. Full, Name & Mailing Address and ZIP Code Dr. Jay Barish 4601 College Blvd Ste 270 Leawood KS 66211	Purpose of Disbursement Aerial banner flight	Date (Month day, year) 10/23/96	Amount of Each Disbursement This Period 276.66
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
C. Full, Name & Mailing Address and ZIP Code Dillons 21st & Belle Topeka KS 66604	Purpose of Disbursement Postage & stamps	Date (Month day, year) 10/25/96 10/28/96	Amount of Each Disbursement This Period 720.00 720.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
D. Full, Name & Mailing Address and ZIP Code INLAND Business Systems PO Box 4837 Topeka KS 66604	Purpose of Disbursement Rental of pc/printer & technical support	Date (Month day, year) 10/28/96 10/28/96 11/01/96	Amount of Each Disbursement This Period 135.87 164.79 135.87
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
E. Full, Name & Mailing Address and ZIP Code AT&T PO Box 78214 Phoenix AZ 85062-8214	Purpose of Disbursement Long distance charges	Date (Month day, year) 10/28/96	Amount of Each Disbursement This Period 23.36
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
F. Full, Name & Mailing Address and ZIP Code Kansas State University 108 Edwards Hall Manhattan KS 66504	Purpose of Disbursement Parking permit	Date (Month day, year) 10/28/96	Amount of Each Disbursement This Period 6.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
G. Full, Name & Mailing Address and ZIP Code Modern Office Methods PO Box 4307 Topeka KS 66604-0307	Purpose of Disbursement Copier rental	Date (Month day, year) 10/28/96	Amount of Each Disbursement This Period 148.61
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
H. Full, Name & Mailing Address and ZIP Code Tama Wagner 2670 SW Osborn Topeka KS 66614	Purpose of Disbursement Payroll	Date (Month day, year) 11/01/96 11/08/96	Amount of Each Disbursement This Period 1,351.63 675.81
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		
I. Full, Name & Mailing Address and ZIP Code Doug Gray Rt 2 Brookfield MO 64628	Purpose of Disbursement Payroll	Date (Month day, year) 11/01/96 11/08/96 11/11/96	Amount of Each Disbursement This Period 935.37 467.69 814.50
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)		

SUBTOTAL of Disbursements This Page (optional)

> 6,591.32

TOTAL This Period (last page this line number only)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 6

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17

Operating Expenditures

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NAME OF COMMITTEE (in Full):

SALLY THOMPSON FOR U.S. SENATE

960202292507

A. Full, Name & Mailing Address and ZIP Code	Purpose of Disbursement	Date (Month day, year)	Amount of Each Disbursement This Period
Shauna Shindler 1231 Oread #102 Lawrence KS 66044	Payroll	11/01/96	608.63
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/08/96	304.31
	<input type="checkbox"/> Other (Specify)		
John Schwartz 2745 SW Villa West Dr #1804 Topeka KS 66614	Payroll	11/01/96	693.97
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/08/96	346.99
	<input type="checkbox"/> Other (Specify)		
Ted Miller 1125 Indiana 13A Lawrence KS 66044	Payroll	11/01/96	668.63
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/08/96	334.31
	<input type="checkbox"/> Other (Specify)		
Kevin Delleit 7270 W. 98th Ter Ste 220 Overland Park KS 66212	Payroll	11/01/96	601.63
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/08/96	300.81
	<input type="checkbox"/> Other (Specify)		
Tina Lewerenz 1128 Ohio #3 Lawrence KS 66044	Payroll	11/01/96	222.87
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/08/96	111.44
	<input type="checkbox"/> Other (Specify)		
Monica Neff 2333 Ridge Ct #19 Lawrence KS 66046	Payroll	11/01/96	789.50
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/08/96	394.75
	<input type="checkbox"/> Other (Specify)		
Erwin Seba 1225 Throop Topeka KS 66604	Payroll	11/01/96	620.62
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/08/96	310.31
	<input type="checkbox"/> Other (Specify)		
Christine Streff 1561 SW Village Dr Topeka KS 66604	Payroll	11/01/96	267.05
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	11/08/96	133.52
	<input type="checkbox"/> Other (Specify)		
Econ-O-Print PO Box 4041 Topeka KS 66604-0041	Printing	11/01/96	9,941.99
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
	<input type="checkbox"/> Other (Specify)		
SUBTOTAL of Disbursements This Page (optional)			> 16,651.33
TOTAL This Period (last page this line number only)			>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenditures

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

PAGE 5 OF 6

FOR LINE NUMBER

17

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NAME OF COMMITTEE (in Full):

SALLY THOMPSON FOR U.S. SENATE

A. Full, Name & Mailing Address and ZIP Code Tama Wagner 2670 SW Osborn Topeka KS 66614	Purpose of Disbursement Overnight express charge Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 10/21/96	Amount of Each Disbursement This Period 15.50 IN-KIND
B. Full, Name & Mailing Address and ZIP Code The Community Voice PO Box 20804 Wichita KS 67208	Purpose of Disbursement Newspaper ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 11/01/96	Amount of Each Disbursement This Period 110.00
C. Full, Name & Mailing Address and ZIP Code Brad Blackwell 3115 W 6th St # C-101 Lawrence KS 66049-3151	Purpose of Disbursement Newspaper ad Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 10/30/96	Amount of Each Disbursement This Period 94.50 IN-KIND
D. Full, Name & Mailing Address and ZIP Code Clatterbuck Retail Liquor 2831 SW Wanamaker Topeka KS 66614	Purpose of Disbursement Refreshments for election night hospitality room Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 11/05/96	Amount of Each Disbursement This Period 70.14
E. Full, Name & Mailing Address and ZIP Code JM Bauersfeld's 2919 Wanamaker Topeka KS 66614	Purpose of Disbursement Refreshments for election night hospitality room Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 11/05/96	Amount of Each Disbursement This Period 46.14
F. Full, Name & Mailing Address and ZIP Code Capital City Bank 37th & Topeka Topeka KS 66611	Purpose of Disbursement Bank charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 10/31/96	Amount of Each Disbursement This Period 17.26
G. Full, Name & Mailing Address and ZIP Code Southwestern Bell Telephone 5400 Foxridge Rm 410 Mission KS 66202	Purpose of Disbursement Telephone charges - Wichita office Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 11/07/96	Amount of Each Disbursement This Period 430.50
H. Full, Name & Mailing Address and ZIP Code Monica Neff 2333 Ridge Ct #19 Lawrence KS 66046	Purpose of Disbursement Reimburse for office expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 11/08/96	Amount of Each Disbursement This Period 338.09
I. Full, Name & Mailing Address and ZIP Code Tom Kirker dba KRC 1301 SW Harrison A33 Topeka KS 66612	Purpose of Disbursement Opposition research fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, year) 11/08/96	Amount of Each Disbursement This Period 750.00

SUBTOTAL of Disbursements This Page (optional)

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1,872.13

TOTAL This Period (last page this line number only)

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960292508

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 6 OF 6

FOR LINE NUMBER
17

Operating Expenditures

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):

SALLY THOMPSON FOR U.S. SENATE

96020292509

A. Full, Name & Mailing Address and ZIP Code	Purpose of Disbursement	Date (Month day, year)	Amount of Each Disbursement This Period
Capital City Bank 37th & Topeka Topeka KS 66611	Federal tax deposit Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/08/96 11/12/96	2,944.73 235.00
B. Full, Name & Mailing Address and ZIP Code Jane Hickie % Barbara Chapman 98 San Jacinto Blvd Ste 1440 Austin TX 78701	Fund raiser expense Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/08/96	593.00
C. Full, Name & Mailing Address and ZIP Code Southwestern Bell Telephone PO Box 930170 Dallas TX 75393-0170	Monthly telephone charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/08/96	373.66
D. Full, Name & Mailing Address and ZIP Code MCI PO Box 85053 Louisville KY 40285-5053	Monthly telephone charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/08/96	955.00
E. Full, Name & Mailing Address and ZIP Code Kansas Turnpike Authority PO Box 780007 Wichita KS 67278-0007	Toll charges Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/08/96	92.15
F. Full, Name & Mailing Address and ZIP Code Kansas Press Association 5423 SW 7th St Topeka KS 66606	Clipping service Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/08/96	155.50
G. Full, Name & Mailing Address and ZIP Code Sally Thompson 3700 Shadybrook Ln Lawrence KS 66047	Travel & food expense - fund raising Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/25/96	1,422.10
H. Full, Name & Mailing Address and ZIP Code Kevin Dellett 7270 W. 98th Ter Ste 220 Overland Park KS 66212	Reimburse for campaign office expenses Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/12/96	758.54
I. Full, Name & Mailing Address and ZIP Code The New Democratic Network 501 Capitol Ct NE Washington DC 20002	Printing & mailing services Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify)	11/06/96	27.50 IN-KIND
SUBTOTAL of Disbursements This Page (optional)			7,557.18
TOTAL This Period (last page this line number only)			\$187,805.08

SCHEDULE C

LOANS

Page 1 of 1 for
LINE NUMBER 13(a)
(Use separate schedules
for each numbered line)

Name of Committee (In Full)			
SALLY THOMPSON FOR U.S. SENATE			
A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Sally Thompson 3700 Shadybrook Ln Lawrence KS 66047	10,000.00	0.00	10,000.00
Election: Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other(specify): _____			
Terms: Date Incurred <u>3/31/96</u> Date Due <u>n/a</u> Interest Rate <u>0.0</u> %(apr) Secured <input type="checkbox"/> No <input type="checkbox"/>			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Sally Thompson 3700 Shadybrook Ln Lawrence KS 66047	25,000.00		25,000.00
Election: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other(specify): _____			
Terms: Date Incurred <u>10/23/96</u> Date Due <u>n/a</u> Interest Rate <u>0.0</u> %(apr) Secured <input type="checkbox"/> No <input type="checkbox"/>			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding		
SUBTOTALS This Period This Page (optional)			35,000.00
TOTALS This Period (last page in this line only)			35,000.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

96020292510

SCHEDULE D

DEBTS AND OBLIGATIONS

LINE NUMBER 10

Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Sally Thompson for U.S. Senate				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Kansas Coordinated Campaign Committee Kansas Democratic Party 700 SW Jackson Topeka KS 66603	0.00	0.00	0.00	0.00
Nature of Debt (Purpose) Voter file				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Fenn-King-Murphy Communications 1043 Cecil Place, NW Washington D.C. 20007	0.00	151,455.79	136,455.79	15,000.00
Nature of Debt (Purpose) Media consulting/production				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Monica Neff 2333, Ridge Ct. #19 Lawrence KS 66044	0.00	1,522.34	1,522.34	0.00
Nature of Debt (Purpose) Payroll				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Econ-O-Print P.O. Box 4041 Topeka KS 66604-0041	9,451.58	490.41	9,941.99	0.00
Nature of Debt (Purpose) Preprinted office supplies/fund raising letters				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Christine Lewerenz 1128 Ohio #3 Lawrence KS 66044	0.00	334.31	334.31	0.00
Nature of Debt (Purpose) Payroll				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Tama Wagner 2870 SW Osborn Rd Topeka KS 66614	0.00	3,379.07	2,027.44	1,351.63
Nature of Debt (Purpose) Payroll				
1) SUBTOTALS This Period This Page (Optional)				16,351.63
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

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SCHEDULE D

DEBTS AND OBLIGATIONS

LINE NUMBER 10

Excluding Loans

Name of Committee (in Full) Sally Thompson for U.S. Senate	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Doug Gray Rt 2 Brookfield MO	0.00	2,217.56	2,217.56	0.00
Nature of Debt (Purpose) Payroll				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Erwin Seba 1225 Throop Topeka KS 66604	0.00	949.02	949.02	0.00
Nature of Debt (Purpose) Payroll				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Kevin Dellett 6424 Morningside Dr Kansas City MO 64113	0.00	1,660.98	1,660.98	0.00
Nature of Debt (Purpose) Payroll				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Ted Miller 13944 Giggs Rd Bonner Springs KS 66012	0.00	1,002.94	1,002.94	0.00
Nature of Debt (Purpose) Payroll				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Shauna Shindler 1231 Oread #102 Lawrence KS 66044	0.00	912.94	912.94	0.00
Nature of Debt (Purpose) Payroll				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor John Schwartz 611 Michigan Ave Apt K Lawrence KS 66044	0.00	1,040.96	1,040.96	0.00
Nature of Debt (Purpose) Payroll				
1) SUBTOTALS This Period This Page (Optional)				0.00
2) TOTALS This Period (last page in this line only)				16,351.63
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				35,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				51,351.63

96020292512

GARY L. SISCO
SECRETARY

PAMELA D. GAVIN
SUPERINTENDENT

**HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: 202-224-0322**

United States Senate

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED.

Date of Receipt

INSIDE MAIL

Date of Receipt

**RECEIVED FROM THE HOUSE OFFICE OF RECORDS
& REGISTRATIONS**

Date of Receipt

RECEIVED FROM THE FEDERAL ELECTION COMMISSION

Date of Receipt

FIRST CLASS MAIL

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NO POSTMARK

POSTMARK ILLEGIBLE

OTHER (Specify):

Postmark and/or Date of Receipt

Preparer

Date Prepared