

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 22 11 21 AM '97

USE TEC MAILING LABEL OR PRINT

1. NAME OF COMMITTEE (in full) Beublein Distributor's PAC	2. FEC IDENTIFICATION NUMBER C00212126
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 450 Columbus Boulevard	3. <input checked="" type="checkbox"/> This committee has qualified as a multiscandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Hartford, CT. 06142-0778	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/97</u> through <u>6/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 69765.73
(b) Cash on Hand at Beginning of Reporting Period	\$ 69765.73	
(c) Total Receipts (from line 19)	\$ 0.49	\$ 0.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 69766.22	\$ 69766.22
7. Total Disbursements (from Line 30)	\$ 16339.59	\$ 16339.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 53426.63	\$ 53426.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information, contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9580 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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
Richard S. Garmowski

Signature of Treasurer: *Richard S. Garmowski* Date: **7-18-97**

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, REC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Heublein Distributor's PAC		FROM: 1/1/97	TO: 6/30/97
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
I. Itemized (use Schedule A)		-0-	-0-
II. Unitemized		-0-	-0-
III. Total	(add I and II) ▶	-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions	(add a ii, b and c) ▶	-0-	-0-
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)		0.49	0.49
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	0.49	0.49
20. Total Federal Receipts	(subtract line 18 from line 19) ▶	0.49	0.49
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
I. Federal Share		-0-	-0-
II. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures		639.59	639.59
c. Total Operating Expenditures	(Add a I, a II, and b) ▶	639.59	639.59
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		15700.00	15700.00
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds	(add a, b and c) ▶	-0-	-0-
29. Other Disbursements		-0-	-0-
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	16339.59	16339.59
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) ▶	16339.59	16339.59
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		-0-	-0-
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		-0-	-0-
35. Total Federal Operating Expenditures	(add 21 a I and 21 b) ▶	639.59	639.59
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures	(subtract line 36 from 35) ▶	639.59	639.59

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) **Beublein Distributor's PAC** FBC ID No. C00212126

<p>A. Full Name, Mailing Address and ZIP Code Webster Bank Webster Plaza P.O. Box 191 Waterbury, CT. 06720-0191</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year) 2/17/97</p> <hr/> <p>Aggregate Year-To-Date \geq \$ 0.49</p>	<p>Amount of Each Receipt this Period 0.49</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year)</p> <hr/> <p>Aggregate Year-To-Date \geq \$ 6</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year)</p> <hr/> <p>Aggregate Year-To-Date \geq \$ 6</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year)</p> <hr/> <p>Aggregate Year-To-Date \geq \$</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year)</p> <hr/> <p>Aggregate Year-To-Date \geq \$ 6</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year)</p> <hr/> <p>Aggregate Year-To-Date \geq \$</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <hr/> <p>Occupation</p>	<p>Date (month, day, year)</p> <hr/> <p>Aggregate Year-To-Date \geq \$</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	0.49
<p>TOTAL This Period (last page this line number only)</p>	0.49

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full) FEC ID No. C00212126
 Beublein Distributor's PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John D. Dingell For Congress 13912 Michigan Avenue Dearborn, MI 48126	Rep. J.D. Dingell (D-MI) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	5/1/97	200.00
B. Full Name, Mailing Address and ZIP Code Tom DeLay Congressional Comm a/o Craig Richardson 901 N. Stuart St., Suite 750 Arlington, VA. 22203	Rep. T. DeLay (R-TX) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	5/1/97	1000.00
C. Full Name, Mailing Address and ZIP Code The Richard E. Neal Comm. P. O. Box 2884 Washington, D.C. 20012	Rep. R. Neal (D-MA) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	5/1/97	500.00
D. Full Name, Mailing Address and ZIP Code Bonior for Congress P.O. Box 75214 Washington, D.C. 20013-5214	Rep. Bonior (D-MI) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	5/1/97	1000.00
E. Full Name, Mailing Address and ZIP Code Berger for Congress Comm. P.O. Box 40175 Washington, D.C. 20016	Rep. Berger (R-CA) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	5/1/97	1000.00
F. Full Name, Mailing Address and ZIP Code Matsui for Congress Comm. 5501 Cherokee Ave. Suite 112 Alexandria, VA. 22312	Rep. Matsui (D-CA) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	5/1/97	1000.00
G. Full Name, Mailing Address and ZIP Code The Jon Christensen for Congress Committee P.O. Box 540621 Omaha, NE 68154	Rep. Christensen (R-NE) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	6/3/97	500.00
H. Full Name, Mailing Address and ZIP Code Pete Stark Re-Election Comm. P.O. Box 75214 Washington, D.C. 20014-5214	Rep. Stark (D-CA) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	6/3/97	1000.00
I. Full Name, Mailing Address and ZIP Code A Lot of People Supporting Tom Daschle 424C St. NE First Floor Washington, DC 20002	Senator Daschle (D-SD) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	6/3/97	1000.00

SUBTOTAL of Disbursements This Page (optional) 2200.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) FEC ID No. C00212126

Beublein Distributor's PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Northup for Congress P.O. Box 7313 Louisville, KY 40257	Rep. Northup (R-KY) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	6/3/97	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Congressman Mike Forbes Suite 1105 c/o 3001 Park Ctr. Drive Alexandria, VA. 22302	Rep. Forbes (R-NY) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	6/3/97	500.00
C. Full Name, Mailing Address and ZIP Code Rangel for Congress Comm. P.O. Box 5577 Manhattanville Station New York, NY 10027	Rep. Rangel (D-NY) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	6/3/97	1000.00
D. Full Name, Mailing Address and ZIP Code Woolsey for Congress Comm. P.O. Box 750176 Petaluma, CA. 94975	Rep. Woolsey (D-CA) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	6/3/97	500.00
E. Full Name, Mailing Address and ZIP Code Congressman Bart Gordon Comm 4491 MacArthur Blvd. N.W. Suite 201 Washington, DC 20007	Con. Gordon (D-TN) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	6/3/97	500.00
F. Full Name, Mailing Address and ZIP Code Friends of Bob Graham c/o Perry & Romani Assoc. 233 Constitution Ave. NE Washington, DC 20002	Sen. Graham (D-FL) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	6/3/97	1000.00
G. Full Name, Mailing Address and ZIP Code John Ensign for Congress P.O. Box 98407 Las Vegas, NV 89193	Rep. Ensign (R-NV) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	6/3/97	500.00
H. Full Name, Mailing Address and ZIP Code Frist 2000 4205 Hillsboro Rd suite 306 Nashville, TN 37215	Sen. Frist (R-TN) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	6/13/97	1000.00
I. Full Name, Mailing Address and ZIP Code Friends of Chris Dodd 203 C Street, N.W. Washington, D.C. 20002	Sen. Chris Dodd (D-CT) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Camp Cont	6/23/97	1000.00
SUBTOTAL of Disbursements This Page (optional)			6500.00
TOTAL This Period (last page this line number only)			

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NAME OF COMMITTEE (in full)

Beublein Distributor's PAC

FEC ID No. C00212126

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John D. Dingell for Congress Committee P.O. Box 75214 Washington, DC 20013-5214	Rep. Dingell (D-MI)	6/27/97	1000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input checked="" type="checkbox"/> Other (specify) Camp Cont.		
B. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw P.O. Box 2188 Port Lauderdale, FL 33303-2188	Rep. Shaw (R-FL)	6/27/97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input checked="" type="checkbox"/> Other (specify) Camp Cont.		
C. Full Name, Mailing Address and ZIP Code Friends of Rosa DeLauro 5501 Cherokee Avenue Suite 112 Alexandria, VA 22312	Rep. DeLauro (D-CT)	6/27/97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input checked="" type="checkbox"/> Other (specify) Camp Cont.		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	15700.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Beublein Distributor's PAC

FEC ID No. C00212126

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Andover, MA. 05501	Tax Return Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Tax Return	2/17/97	294.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	294.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Beublein Distributor's PAC

FEC ID No. C00212126

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Beublein, Inc. 450 Columbus Boulevard P.O. Box 778 Hartford, CT. 06142-0778	Administrative Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Oper. Exp.	6/20/97	345.59
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

345.59

TOTAL This Period (last page this line number only)

639.59

**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-18-97
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED and/or DATE OF RECEIPT
<i>Jm</i> PREPARER	7-22-97 DATE PREPARED