

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

MAY 26 3 28 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) DIXON DEMOCRAT FOR CONGRESS COMMITTEE		2. FEC IDENTIFICATION NUMBER C 00069666
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 1581 FOXBURY DRIVE		
CITY, STATE and ZIP CODE LOS ANGELES, CA 90035	STATE/DISTRICT California 32	

4. TYPE OF REPORT

April 15 Quarterly Report Twelfth day report preceding Primary
(Type of Election)

July 15 Quarterly Report election on 6-2-98 in the State of California

October 15 Quarterly Report Thirtieth day report following the General Election on _____

January 31 Year End Report _____ in the State of _____

July 31 Mid-Year Report (Non-election Year Only) Termination Report

This report contains activity for: Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period <u>4-1-98</u> through <u>5-13-98</u>	COLUMN A This Period	COLUMN B Calendar Year 1998
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	3900.00	6500.00
(b) Total Contribution Refunds (from Line 20(d))	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	3900.00	6500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1250.59	7425.59
(b) Total Offsets to Operating Expenditures (from Line 14)	-0-	-0-
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	1250.59	7425.59
8. Cash on Hand at Close of Reporting Period (from Line 27)	119252.19	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	-0-	
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
HERBERT L. CARTER

Signature of Treasurer: *Herbert L. Carter* Date: **5-15-98**

For information only:
Federal Election Commission
999 E. Street, NW
Washington, DC 20483
Toll Free 800-424-9530
Local 202-375-3120

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 5B)	Report Covering the Period:		
DIXON DEMOCRAT FOR CONGRESS COMMITTEE	From: 4-1-98	To: 5-13-98	
I. RECEIPTS	COLUMN A	COLUMN B	
	Total Period	Calendar Period	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(1) Itemized (see Schedule A)	-0-		11H
(2) Unitemized	250.00		11H
(3) Total of contributions from individuals	150.00	250.00	11H
(b) Political Party Committees	-0-	-0-	11H
(c) Other Political Committees (such as PACs)	3750.00	6250.00	11H
(d) The Candidate	-0-	-0-	11H
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(1), (b), (c) and (d))	3900.00	6500.00	11H
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	-0-	-0-	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	-0-	-0-	13H
(b) All Other Loans	-0-	-0-	13H
(c) TOTAL LOANS (add 13(a) and (b))	-0-	-0-	13H
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	-0-	-0-	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	-0-	-0-	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	3900.00	6500.00	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	1250.59	7425.59	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	-0-	-0-	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	-0-	-0-	19H
(b) Of All Other Loans	-0-	-0-	19H
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	-0-	-0-	19H
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other than Political Committees	-0-	-0-	20H
(b) Political Party Committees	-0-	-0-	20H
(c) Other Political Committees (such as PACs)	-0-	-0-	20H
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	-0-	-0-	20H
21. OTHER DISBURSEMENTS	1000.00	5250.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	2250.59	12675.59	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	117602.78	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	3900.00	24
25. SUBTOTAL (add Line 23 and Line 24)	\$	121502.78	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	2250.59	26

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of Detailed Summary Page **1** OF **1**
 FOR LINE NUMBER **11C**

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

NAME OF COMMITTEE (in Full)
 DIXON DEMOCRAT FOR CONGRESS COMMITTEE

FEC ID No. C 00888666

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
COPE U S Division PAC 1313 L Street, NW Washington, DC 20005		4-1-98	1500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Amount <input checked="" type="checkbox"/> \$ 1500.00		
B. Full Name, Mailing Address and ZIP Code Committee on Letter Carriers Political Education 100 Indiana Ave, NW Washington, DC 20001		4-1-98	1000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Amount <input checked="" type="checkbox"/> \$ 1000.00		
C. Full Name, Mailing Address and ZIP Code American Medical PAC 1101 Vermont Ave, NW Washington, DC 20005		4-23-98	1250.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Amount <input checked="" type="checkbox"/> \$ 1250.00		
D. Full Name, Mailing Address and ZIP Code			
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Amount <input type="checkbox"/> \$		
E. Full Name, Mailing Address and ZIP Code			
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Amount <input type="checkbox"/> \$		
F. Full Name, Mailing Address and ZIP Code			
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Amount <input type="checkbox"/> \$		
G. Full Name, Mailing Address and ZIP Code			
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Amount <input type="checkbox"/> \$		

SUBTOTAL of Receipts This Page (optional) 3750.00

TOTAL This Period (last name this line number only) 3750.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate sheets for each category of Detailed Summary Page **PAGE 1** OF **1** FOR LINE NUMBER **11**

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

NAME OF COMMITTEE (In Full)
 DIXON DEMOCRAT FOR CONGRESS COMMITTEE

FEC ID No. C 50086666

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
American Express P. O. Box 7825 Ft. Lauderdale, FL 33329	Dinner Meetings Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-1-98	390.00 each under \$200
B. Full Name, Mailing Address and ZIP Code Culver Center Flowers 10801 Washington Bl Culver City, CA 90232	Purpose of Disbursement FLOWERS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-6-98	129.97
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
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
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
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
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
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
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

SUBTOTAL of Disbursements This Page (optional) 519.97

TOTAL This Period (last page this line number only) 519.97

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary	PAGE	OF
	21	21
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, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
 DIXON DEMOCRAT FOR CONGRESS COMMITTEE

ECC ID No. C 00088666

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
Name for Congress 3415 So Sepulveda Los Angeles, CA 90034	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	4-8-98	1000.00
	<input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		


SUBTOTAL of Disbursements This Page (optional) 1000.00

TOTAL This Period (last page this line number only) 1000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 5/18/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	5/26/98 DATE PREPARED