

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAY 19 1998

USE REC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Health Insurance Political Action Committee of the Health Insurance Association of America ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 555 13th Street, NW, Suite 60DEast CITY, STATE and ZIP CODE Washington, DC 20004-1109	2. FEC IDENTIFICATION NUMBER C0110494 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 16M)
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## 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>10/15/98</u> through <u>11/23/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 59,833.21
(b) Cash on Hand at Beginning of Reporting Period	\$ 31,019.81	
(c) Total Receipts (from Line 19)	\$ 18,844.24	\$ 88,228.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 49,864.05	\$ 148,061.84
7. Total Disbursements (from Line 30)	\$ 1,750.00	\$ 99,947.79
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 48,114.05	\$ 48,114.05
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 950 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	
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 Sharon L. Cohen		
Signature of Treasurer <i>Sharon L. Cohen</i>		Date 12-3-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9437g.

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**FEC FORM 3X**  
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE Health Insurance Political Action Committee of the HIAA		REPORT COVERING PERIOD	
		FROM 10/15/98	TO 11/23/98
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees	3,791.00	8,821.75
i.	Itemized (use Schedule A)	1,053.24	10,095.40
ii.	Unitemized	4,844.24	18,917.15
iii.	Total (add i and ii) >		
b.	Political Party Committees	14,000.00	67,250.00
c.	Other Political Committees (such as PACs)	18,844.24	86,167.15
d.	Total Contributions (add a iii, b and c) >		
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)		2,061.48
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	18,844.24	88,228.63
20.	Total Federal Receipts (subtract line 18 from line 19) >	18,844.24	88,228.63
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share		
b.	Other Federal Operating Expenditures		
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	1,147.28
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1,250.00	97,150.51
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds (add a, b and c) >	500.00	1,650.00
29.	Other Disbursements	1750.00	99,947.79
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,750.00	99,947.79
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >		
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d)	18,844.24	86,167.15
33.	Total Contribution Refunds (from line 28d)	0.00	0.00
34.	Net Contributions (other than loans)(subtract line 33 from 32)	18,844.24	86,167.15
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	1,147.28
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	1,147.28

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 11A

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)**

Health Insurance Political Action Committee Of The Health Insurance Association Of America

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kristin Welsh 555 13th Street, NW Suite 600E Washington, DC 20004-1109	HIAA	by-weekly Payroll Deduction	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Federal Affairs	Aggregate Year-to-Date > \$ 240	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Weller 555 13th Street, NW Suite 600E Washington, DC 20004-1109	HIAA	by-weekly Payroll Deduction	\$40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Policy & Information	Aggregate Year-to-Date > \$ 230	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffery Gabardi 555 13th Street, NW Suite 600E Washington, DC 20004-1109	HIAA	by-weekly Payroll Deduction	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State Affairs/ Legal	Aggregate Year-to-Date > \$ 345	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Levy 555 13th Street, NW Suite 600E Washington, DC 20004-1109	HIAA	by-weekly Payroll Deduction	\$67.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State Affairs/ Legal	Aggregate Year-to-Date > \$ 389.16	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Souders 555 13th Street, NW Suite 600E Washington, DC 20004-1109	HIAA	by-weekly Payroll Deduction	\$400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Government Affairs	Aggregate Year-to-Date > \$ 2300	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen Pyffe 555 13th Street, NW Suite 600E Washington, DC 20004-1109	HIAA	by-weekly Payroll Deduction	\$80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Policy & Information	Aggregate Year-to-Date > \$ 490	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Chapman 555 13th Street, NW Suite 600E Washington, DC 20004-1109	HIAA	By-weekly Payroll Deduction	\$83.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State Affairs/ Legal	Aggregate Year-to-Date > \$ 458.26	

\$771.00

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

**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

PAGE 2 OF 3  
FOR LINE NUMBER 11A

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**NAME OF COMMITTEE (in Full)**

Health Insurance Political Action Committee Of The Health Insurance Association Of America

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Ferguson 555 13th Street, NW Suite 600E Washington, DC 20004-1109	HIAA Occupation State Affairs/ Legal	by-weekly Payroll Deduction	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 525		
B. Full Name, Mailing Address and ZIP Code Beth Walker 555 13th Street, NW Suite 600E Washington, DC 20004-1109	HIAA Occupation Federal Affairs	by-weekly Payroll Deduction	\$60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 210		
C. Full Name, Mailing Address and ZIP Code Sharon Cohen 555 13th Street, NW Suite 600E Washington, DC 20004-1109	HIAA Occupation Federal Affairs	by-weekly Payroll Deduction	\$120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 270		
D. Full Name, Mailing Address and ZIP Code Charles Kahn 555 13th Street, NW Suite 600E Washington, DC 20004-1109	HIAA Occupation Operations	by-weekly Payroll Deduction	\$100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 225		
E. Full Name, Mailing Address and ZIP Code Dean Rosen 555 13th Street, NW Suite 600E Washington, DC 20004-1109	HIAA Occupation Policy & Information	By-weekly Payroll Deduction	\$140.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350		
F. Full Name, Mailing Address and ZIP Code Richard Price P.O. Box 6910 Canton, OH 44706-0910	McKinley Life Insurance Co. Occupation President	10/15/98	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
G. Full Name, Mailing Address and ZIP Code Rick Haines P.O. Box 6910 Canton, OH 44706-0910	McKinley Life Insurance Co. Occupation	10/15/98	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
<b>SUBTOTAL of Receipts This Page (optional)</b> .....			\$1770.00
<b>TOTAL This Period (last page this line number only)</b> .....			

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 11A

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**NAME OF COMMITTEE (In Full)**

Health Insurance Political Action Committee Of The Health Insurance Association Of America

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Teynor P.O. Box 6910 Canton, OH 44706-0910 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	McKinley Life Insurance Co. Occupation VP of Public Policy Aggregate Year-to-Date > \$ 250	10/15/98	\$250.00
III. Full Name, Mailing Address and ZIP Code Thomas Killian 11815 North Pennsylvania Street Carmel, IN 46032-4911 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Consec Companies Occupation Exec. VP, COO, and Pres. Aggregate Year-to-Date > \$1000	Date (month, day, year) 11/23/98	Amount of Each Receipt this Period \$1000.00
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) .....

\$1250.00

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

\$3791.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 Health Insurance Political Action Committee Of The Health Insurance Association of America

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthem Life-Pac P.O.Box 660238 Dallas, TX 75266-0238 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Anthem Life Insurance Company Occupation	10/15/98	\$1500.00
Aggregate Year-to-Date		\$ 1500	
B. Full Name, Mailing Address and ZIP Code Phoenix Home Life PAC P.O. Box 1900 Enfield, CT 06083-1900 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Phoenix Home Life Mutual Occupation	10/15/98	\$1500.00
Aggregate Year-to-Date		\$ 4000	
C. Full Name, Mailing Address and ZIP Code American National-PAC One Moody Plaza Galveston, TX 77550 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	American National Ins. Co. Occupation	10/27/98	\$2000.00
Aggregate Year-to-Date		\$ 2000	
D. Full Name, Mailing Address and ZIP Code New York Life PAC 51 Madison Avenue New York, NY 10010-1603 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	New York Life Insurance Co. Occupation	11/5/98	\$5000.00
Aggregate Year-to-Date		\$ 5000	
E. Full Name, Mailing Address and ZIP Code Cologne Life Reinsurance Co. 30 Oak Street Stamford, CT 06904-0300 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Cologne Life Reinsurance Co. Occupation	11/19/98	\$4000.00
Aggregate Year-to-Date		\$ 4000	
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date		\$	
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date		\$	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	\$14000.00
<b>TOTAL</b> This Period (last page this line number only) .....	\$14000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (In Full)**

Health Insurance Political Action Committee Of The Health Insurance Association of America

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 10/12/98 Event (R-GA) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/16/98	Amount of Each Disbursement This Period \$250
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 9/17/98 Event (R-LA) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/21/98	Amount of Each Disbursement This Period \$1000
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

\$1250.00

SUBTOTAL of Disbursements This Page (optional) .....

\$1250.00

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 1 OF 1  
FOR LINE NUMBER 29

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**NAME OF COMMITTEE (in Full)**

Health Insurance Political Action Committee Of The Health Insurance Association Of America

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Republican Party of Minnesota Charlie Weaver for Attorney General 480 Cedar Street, #560 St. Paul, MN 55101	US Atty General Race Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$150
B. Full Name, Mailing Address and ZIP Code Republican Party of Minnesota Norm Coleman for Governor 480 Cedar Street, #560 St. Paul, MN 55101	Gubernatorial Race Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$250
C. Full Name, Mailing Address and ZIP Code United Democratic Fund/Skip Humphrey 2722 University Avenue, SE Minneapolis, MN 55414	Gubernatorial Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/98	\$100
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) .....

\$500.00

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

\$500.00



Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>12-3-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>RC</i> PREPARER	<i>12-3-98</i> DATE PREPARED