

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

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L C00312017 060498  
 MARY JOANN WERNER  
 AI KIND FOR CONGRESS COMMITTEE  
 505 KING STREET STE 010  
 LA CROSSE WI 54601  
 CI

JUL 17 12 10 PM '98

2. FEC IDENTIFICATION NUMBER

C00312017

3. IS THIS REPORT AN AMENDMENT?

YES  NO

### 4. TYPE OF REPORT

- April 15 Quarterly Report  12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- July 15 Quarterly Report
- October 15 Quarterly Report  30-Day Post-Election Report following the General Election  
 on \_\_\_\_\_ in the State of \_\_\_\_\_
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)  Termination Report

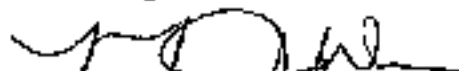
This report contains activity for  Primary Election  General Election  Special Election  Runoff Election

### SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4/1/97 through 6/30/98		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	56,382.53	130,926.26
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	56,382.53	130,926.26
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24,546.33	49,443.49
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	24,546.33	49,443.49
8. Cash on Hand at Close of Reporting Period (from Line 27)	276,250.04	
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)	1709.43	

For further information contact:  
 Federal Election Commission  
 999 E Street, NW  
 Washington, DC 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  
 Mary Jo Werner  
 Signature of Treasurer  Date 7/13/98

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

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FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
KIND FOR CONGRESS COMMITTEE	From: 4/1/98	To: 6/30/98
I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) -----	11,819.01	
(ii) Unitemized -----	14496.23	
(iii) Total of contributions from individuals -----	26315.24	53271.24
(b) Political Party Committees -----	240.35	240.35
(c) Other Political Committees (such as PACs) -----	29826.94	77414.67
(d) The Candidate -----		
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i)-(c) and (d)) -----	56382.53	130926.26
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	⊖	⊖
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	⊖	77.81
(b) All Other Loans -----		
(c) TOTAL LOANS (add 13(a) and (b)) -----		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	⊖	1097.86
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	743.71	4155.41
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	57,126.24	136,257.34
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	24,546.33	49443.49
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	⊖	⊖
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----		
(b) Of All Other Loans -----		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	⊖	⊖
20. 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 20(a), (b) and (c)) -----	⊖	⊖
21. OTHER DISBURSEMENTS -----	⊖	2500.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	24546.33	51943.49
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ 243,670.13	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ 57,126.24	
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ 320,796.37	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ 24,546.33	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ 276,250.04	

**LOANS**

Name of Committee (in Full) <b>KIND FOR CONGRESS COMMITTEE</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source Ronald J. Kind 3061 Edgewater Lane La Crosse, WI 54603 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan <b>1631.62</b>	Cumulative Payment To Date <b>0</b>	Balance Outstanding at Close of This Period <b>1631.62</b>
Terms: Date Incurred <u>9-12-97</u> Date Due <u>Demand</u> Interest Rate <u>6</u> % (april) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code Personal funds were used to loan money to the Campaign.	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 Ronald J. Kind 3061 Edgewater Lane La Crosse, WI 54603 Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan <b>77.81</b>	Cumulative Payment To Date <b>0</b>	Balance Outstanding at Close of This Period <b>77.81</b>
Terms: Date Incurred <u>3-31-98</u> Date Due <u>Demand</u> Interest Rate <u>6</u> % (april) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code Personal funds were used to loan money to the Campaign.	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) .....	<b>1709.43</b>
TOTALS This Period (last page in this line only) .....	<b>1709.43</b>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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)

Kind for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Alberts 2705 Woodley Pl., NW Washington, DC 20008	Alberts & Co.	5/14/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Consultant	Date (month, day, year): 5/14/98	Amount of Each Receipt This Period: 250.00
	Aggregate Year-to-Date: > \$ 250.00	Exempted - The New Democratic Network	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Above Contribution Exempted through the New Democratic Network PO Box 15448 Washington, DC 20003			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date: > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Paul Backla 739 Valley View Dr. River Falls, WI 54022	Retired	6/3/98	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Date (month, day, year): 6/3/98	Amount of Each Receipt This Period: 50.00
	Aggregate Year-to-Date: > \$ 370.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard Boxer 7210 N. Beach Dr. Milwaukee, WI 53217	Urology Specialists, S.C.	6/10/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Date (month, day, year): 6/10/98	Amount of Each Receipt This Period: 500.00
	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
Jim Carter 51170 Lowes Creek Dr. Eleva, WI 54738	Jim Carter Ford	6/22/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Date (month, day, year): 6/22/98	Amount of Each Receipt This Period: 1,000.00
	Aggregate Year-to-Date: > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frank Daily 411 E. Wisconsin Ave. Milwaukee, WI 53202	Quinlan & Brady	6/23/98	900.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney	Date (month, day, year): 6/23/98	Amount of Each Receipt This Period: 900.00
	Aggregate Year-to-Date: > \$ 900.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terence Fennessy 1609 Waterbury Ct. Bel Air, MD 21014	Institutional Equity	5/13/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Salesman	Date (month, day, year): 5/13/98	Amount of Each Receipt This Period: 250.00
	Aggregate Year-to-Date: > \$ 250.00		
SUBTOTAL of Receipts This Page (optional)			2,950.00
TOTAL This Period (last page this line number only)			

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NAME OF COMMITTEE (In Full)

Kind for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert Franks PO Box 5 Mchenango, IL 60152	self Occupation Attorney	6/10/98	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Grosskleus 5055 N. Shore Dr. Sau Claire, WI 54703	Royal Credit Union Occupation President	6/30/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Gust 314 N Keller Ave. Amery, WI 54001	self Occupation attorney	6/25/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Todd Holley 4370 La Jolla Village Dr. Ste 990 San Diego, CA 92122	Voit Commercial Brokerage Occupation U.P.	6/24/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Don Jobe 1603 Main St. LaCrosse, WI 54601	Allied Signal Occupation Executive	6/29/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Johnson 113 Corydon Rd. Sau Claire, WI 54701	retired Occupation	6/8/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
John Kaiser 406 Gilbert Ave. Sau Claire, WI 54701	self Occupation attorney	6/25/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... 3,050.00

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

PAGE 3 OF 5  
FOR LINE NUMBER 11(a)

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**NAME OF COMMITTEE (In Full)**

Kind for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Leman Po Box 185, 118 E. Grand Ave. Eau Claire, WI 54702	Self Occupation: attorney	6/25/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Mathy N3407 Verde Valley Rd. LaCrosse, WI 54601	Mathy Construction Occupation: V.P.	6/30/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregg Moore 428 E. Tyler Ave. Eau Claire, WI 54701	State of Wisconsin Occupation: Court Administrator	6/22/98	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input 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
Diane Marchese Dates Rd. RS-8AA Menomonie, WI 54751	Quality Evaluation Dev't Occupation: Consultant	5/18/98	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doug Pachnow 325 W. Wacker Chicago, IL 60606	Wildman, Harold, Allen S.C. Occupation: attorney	6/18/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Phil Quillin 1515 West Ave. S LaCrosse, WI 54601	Quillin's Inc. Occupation: President	4/15/98	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Esther Lea Ritz 626 E. Kilbourne Milwaukee, WI 53202	Retired Occupation:	6/26/98	650.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 650.00		

SUBTOTAL of Receipts This Page (optional)

2,700.00

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

11(a)

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**NAME OF COMMITTEE (In Full)**

Kind for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Susan Rogel 56 Rose Crown PO Box 1659 Avon, Co		5/14/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive - The New Democratic Network		
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Above Contribution Escrowed Through The New Democratic Network PO Box 15448 Washington, DC 20003			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dennis Ryan 230 S. 30th St. LaCrosse, WI 54601	Lunderson Lutheran	6/19/98	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MD		
	Aggregate Year-to-Date > \$ 350.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Wallerstein 7040 17th NE Seattle, WA 98115	University of Washington	4/10/98	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Professor		
	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Evan Zeppos 3340 Woodberry Ct. Brookfield, WI 53045	Zeppos Public Relations	4/23/98	350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist		
	Aggregate Year-to-Date > \$ 450.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Zizka 16 Hillcrest Ln. Old Greenwich, CT 06870	First Manhattan Consulting	4/12/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant		
	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$,300.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Kind for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jan Stach W3880 Walter Rd. West Salem, WI 54669	Creative Signs & Images	5/27/98	Contribution In-Kind "Vehicle Lettering" \$70.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Co-owner	Aggregate Year-to-Date > \$ 70.00	
B. Full Name, Mailing Address and ZIP Code Charlie Gross Klaus 5055 North Shore Dr. Eau Claire, WI 54703	Royal Credit Union	6/30/98	Contribution In-Kind "Refreshments" \$749.01
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Resident	Aggregate Year-to-Date > \$ 1699.01	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	819.01
TOTAL This Period (last page this line number only)	11,819.01



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NAME OF COMMITTEE (in Full)

KIND FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Democratic Congressional Campaign Ltee 430 Capital Street Washington, DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Political Party Committee Occupation	4/1/98	110.48 Contribution in Kind
Aggregate Year-to-Date > \$ 110.48			
Democratic Congressional Campaign Ltee 430 Capital Street Washington, DC 20003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Political Party Committee Occupation	4/30/98	79.87 Contribution in Kind
Aggregate Year-to-Date > \$ 190.35			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
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	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			
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 > \$			

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

190.35

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

190.35

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NAME OF COMMITTEE (In Full)

Kind for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Action Committee for Rural Electrification 4301 Wilson Blvd. Arlington, VA 22203	PAC	6/11/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Nurses Assoc. PAC 600 Maryland Ave. SW Washington, DC 20024-1571	PAC	5/1/98	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Occupational Therapy Assoc. PAC 4730 Montgomery Ln. Bethesda, MD 20834	PAC	6/30/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Assoc. of Trial Lawyers of America PAC 1050 31st St. NW Washington, DC 20007	PAC	6/3/98	5,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 6,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BellSouth Fed - PAC 1133 31st St. NW Washington, DC 20036-3351	PAC	4/31/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Century Telephone Enterprises, Inc. PAC PO Box 4065 Monroe, LA 71207-2065	PAC	4/31/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	Estimated - The New Democratic Network
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Above Contribution Estimated Through the New Democratic Network PO Box 15498 Washington, DC 20003			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... 9,500.00

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

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NAME OF COMMITTEE (In Full)

Kind for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Credit Union Legislative Action Council 806 15th St. NW Ste. 300 Washington, DC 20005-2207	PAC	6/11/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Engineers Political Education League 1125 Seventeenth St. NW Washington, DC 20036	PAC	4/24/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ernst and Young PAC 1225 Connecticut Ave. NW Washington, DC 20036	PAC	4/21/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	Excluded - The New Democratic Network
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Please Contribution Excluded Through The New Democratic Network PO Box 15498 Washington, DC 20003			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Farm Credit PAC 50 F Street NW Ste 900 Washington, DC 20001	PAC	6/29/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Furniture PAC Box 1003 High Point, NC 27261	PAC	4/29/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

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

3,500.00

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

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NAME OF COMMITTEE (in Full)

Kind for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
General Electric Company PAC 1299 Pennsylvania Ste 1100 Washington, DC 20004	PAC	4/31/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Estimated - the News Network	
Aggregate Year-to-Date > \$ 500.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Above Contribution Estimated Through The New Democratic Network PO Box 15448 Washington, DC 20003			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Hatch's Entertainment, Inc. PAC 1033 Cherry Rd. Memphis, TN 38117	PAC	3/27/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Estimated - the News Network	
Aggregate Year-to-Date > \$ 1,000.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Above Contribution Estimated Through The New Democratic Network PO Box 15448 Washington, DC 20003			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Labor Political League, labor's local 113 6310 W. Appleton Ave. Milwaukee, WI 53210	PAC	6/13/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Land o' Lakes, Inc. PAC PO Box 116 Minneapolis, MN 55440	PAC	6/26/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 500.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional) ..... 2,500.00

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

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NAME OF COMMITTEE (in Full)

Kind for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAYPAC 611 Olive St. St. Louis, MO 63101	PAC	8/19/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Estimated - Democratic	the New Network
	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above Contribution Estimated Through The New Democratic Network PO Box 15448 Washington, DC 20003			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Assoc. of Federal Credit Unions PO Box 3769 Washington, DC 20007	PAC	6/24/98	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Venture Capital Assoc. PAC 1655 N. Fort Meyer Dr. Ste 700 Arlington, VA 22204	PAC	4/7/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Estimated - Democratic	the New Network
	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above Contribution Estimated through The New Democratic Network PO Box 15448 Washington, DC 20003			
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	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
Natl Comm. to Preserve Social Security and Medicare 10 G. Street NE Washington, DC 20002-4215	PAC	6/23/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Petroleum Marketers' Assoc. of America 1901 N. Fort Meyer Dr. Ste. 1000 PAC Arlington, VA 22204	PAC	6/26/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) ..... 2,500.00

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

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NAME OF COMMITTEE (in Full)

Kind for Congress Committee

A. Full Name, Mailing Address and ZIP Code Philips Electronics of North America Corp. 1300 I Street, Ste 1070 East Washington, DC 20005 PAC	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 6/26/98	Amount of Each Receipt this Period 300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 4/1/98 Easemarked - Democratic	Amount of Each Receipt this Period 500.00 The News Network
B. Full Name, Mailing Address and ZIP Code Price Waterhouse Partners' PAC 1301 K Street NW Ste 800W Washington, DC 20005 PAC	Name of Employer PAC Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Above Contribution Easemarked Through The News Democratic Network PO Box 15448 Washington, DC 20003	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 5/6/98	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Realtors PAC 430 W. Michigan Ave. Chicago, IL 60611	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 4/23/98	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Team America PAC 1401 H Street NW Washington, DC 20038-7768	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1,500.00	Date (month, day, year) 6/30/98	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Team American PAC 1401 H Street NW Washington, DC 20038-7768	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 5,000.00	Date (month, day, year) 5/13/98	Amount of Each Receipt this Period 5,000.00

SUBTOTAL of Receipts This Page (optional)

8,300.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

Kind for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WHITE Campaign Committee 1710 Broadway New York, NY 10019	PAC Occupation	6/18/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Vesnes, Liphart, Bernhard, McPherson, and 901 15th St. NW Ste 900 Hand PAC Washington, DC 20005-2301	PAC Occupation	4/20/98 Earnmarked - the New Democratic Network	375.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 375.00		
C. Full Name, Mailing Address and ZIP Code Above Contribution Earnmarked through the New Democratic Network PO Box 15448 Washington, DC 20003	Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code WAUSAU Insurance Companies PAC PO Box 2017 WAUSAU, WI 54901	PAC Occupation	6/23/98	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) ..... 1,875.00

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

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NAME OF COMMITTEE (In Full)

Kind for Congress Committee

A. Full Name, Mailing Address and ZIP Code New Democratic Network 501 Capital Ct., N.E. Ste 200 Washington, DC 20002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 2,543.04	Date (month, day, year) 9/21/98	Amount of Each Receipt This Period Contribution In-Kind "fundraising" \$ 1,543.04
B. Full Name, Mailing Address and ZIP Code Team Ameritech 1401 H Street NW Washington, DC 20008-9768 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PAC Occupation Aggregate Year-to-Date > \$ 1,608.90	Date (month, day, year) 9/21/98	Amount of Each Receipt This Period Contribution In-Kind "postage, supplies" \$ 108.90
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) .....

1651.94

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

29826.94



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

KIND FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Normit Bank, N.A. 305 5th Avenue South La Crosse, WI 54601	Form 941 payment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/98	300.60
B. Full Name, Mailing Address and ZIP Code Eric Dick 3532 Springbrook way #3 LaCrosse, WI 54601	Purpose of Disbursement Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/98	940.60
C. Full Name, Mailing Address and ZIP Code Wise Habitat Group 44 Canal Center Plaza, Ste. 400 Alexandria, VA 22314	Purpose of Disbursement Fundraising Fax Postal Codes Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/98	2966.01
D. Full Name, Mailing Address and ZIP Code Baus Catering Ward Avenue LaCrosse, WI 54601	Purpose of Disbursement Food for Fundraising event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/98	461.36
E. Full Name, Mailing Address and ZIP Code Litno Graphics Printing Co. Inc. 2401 Herntock Drive La Crosse, WI 54603	Purpose of Disbursement Booklets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/14/98	294.35
F. Full Name, Mailing Address and ZIP Code First Bancard Center P.O. Box 3331 Ormaton, NE 68103-0331	Purpose of Disbursement Postage, Food expense, Office supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/98	252.88
G. Full Name, Mailing Address and ZIP Code Century Telephone P.O. Box 6000 Marion, LA 71260-6000	Purpose of Disbursement Phone expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/98	246.85
H. Full Name, Mailing Address and ZIP Code First Bancard Center P.O. Box 3331 Ormaton, NE 68103-0331	Purpose of Disbursement Fundraising reception expenses Office expenses, postage Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/98	1287.98
I. Full Name, Mailing Address and ZIP Code Eric Dick 3532 Springbrook Way #3 La Crosse, WI 54601	Purpose of Disbursement Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/98	940.60

SUBTOTAL of Disbursements This Page (optional) ..... 7691.83

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

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NAME OF COMMITTEE (In Full)

KIND FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Northwest Bank N.A. 305 5th Avenue South La Crosse, WI 54601	Form 941 Payment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/98	300.60
Wise Hedgton Group 44 Canal Center Plaza, Ste 400 Alexandria, VA 22314	Fundraising expense: Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/98	2102.21
Eric Dick 3532 Springbrook Way #3 La Crosse, WI 54601	Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/98	940.60
Law Exchange Partnership 205 5th Avenue South La Crosse, WI 54601	Rent expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/98	200.85
Advertising Concepts 1010 South 16th Street La Crosse, WI 54601	Labels Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/98	221.55
Northwest Bank N.A. 305 5th Avenue South La Crosse, WI 54601	Form 941 payment Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/98	300.60
Wells Point and Digital Services P.O. Box 1744 Madison, WI 53701	Printing Costs Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/98	237.38
EMC Insurance Companies c/o Western Insurance Services P.O. Box 253 Spokane, WI 54956	Workers Compensation Insurance Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/3/98	228.00
The Benjamin Group 341 State Street P.O. Box 272 Madison, WI 53701	Fundraising expense -- to beneficiaries Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/98	593.50

SUBTOTAL of Disbursements This Page (optional) ..... 5125.29

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 4

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

KIND FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Benjamin Group 341 State Street P.O. Box 272 Madison, WI 53701	Fundraising expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/13/98	268.95
B. Full Name, Mailing Address and ZIP Code Eric Dick 3532 Springsbrook Way #3 La Crosse, WI 54601	Postage expense - Disbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11	235.32
C. Full Name, Mailing Address and ZIP Code The Benjamin Group 341 State Street P.O. Box 272 Madison, WI 53701	Fundraising expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/19	268.95
D. Full Name, Mailing Address and ZIP Code M.E.S.R. 2826 West 43rd Street Mpls. MN 55410	Medical expenses & see attached letter Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/23/98	5497.86
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) .....

7261.08

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 4 OF 4  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

**KIND FOR CONGRESS COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jan Stach W 3880 Walter Road West Salem, WI 54189	Vehicle Lettering Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/27/98	70.00 Contribution in Kind
Charlie Groisklaus 5055 North Shore Drive Eau Claire, WI 54703	Refreshments for fund-raising event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/98	749.01 Contribution in Kind
New Democratic Network 501 Capitol Ct. NE, Ste 200 Washington, DC 20002	Fundraising expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/97	1543.04 Contribution in Kind
Team America 1401 H Street NW Washington, DC 20004-7768	Postage Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/10/98	108.90 Contribution in Kind
Democratic Congressional Campaign Office 430 Capitol Street Washington, DC 20003	Fundraising expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/1/98	110.48 Contribution in Kind
Democratic Congressional Campaign Office 430 Capitol Street Washington, DC 20003	Fundraising expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/98	79.87 Contribution in Kind

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

2661.30

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

22739.50



July 15, 1998

Ms. Mary Beth DeBeaur  
Federal Election Commission  
900 E Street, N.W.  
Washington, D.C. 200

Re: July 15 Quarterly report

Dear Ms. DeBeaur:

Enclosed please find the July 15 quarterly report for Kind for Congress. This letter is to explain an item reflected in line 17 of the report ("Operating Expenditures"), which reflects a payment to our media consultant, MacWilliams Cosgrove Smith and Robinson (MCSR), as final settlement for services rendered during the 1996 election cycle.

The reason for this payment is the following. After the 1996 election, the Kind for Congress campaign owed some money to MCSR, but we did not know how much. The campaign was expecting rebates for broadcast advertisements that were paid for but that were never broadcast. We did not receive a final bill from MCSR, and we made the assumption that the amount of the rebates approximated the amount of money we owed MCSR for its consulting services.

In July 1997, after the cut-off for the July 31 mid-year report, Kind for Congress received a final invoice from MCSR for the 1996 campaign. The total figure for this invoice was \$11,098.46, despite the inclusion of \$1,601.54 in rebates for the advertisements that did not run. The amount of this invoice was much more, and the amount of the rebates much less, than the campaign expected. The campaign disputed a charge for editing fees that were included in the bill. In July 1997, in response to this invoice, the campaign paid \$5,698.46 to MCSR. In January 1998, the campaign requested and received a refund of \$1,097.86. These figures are again reflected in the January 31 year-end report, and we again believed that this matter was resolved with our vendor.

In May and June 1998 MCSR raised the issue of the July 1997 invoice and requested full payment of that invoice—i.e. payment of the remainder, which totaled \$6,497.86. After further discussions, and in the interest of good relations with our vendor, who we plan on using in the upcoming election cycle, the campaign agreed to pay this amount in final settlement. This final payment, therefore, is the figure reflected in line 17 of the July 15 report.

If you have any questions regarding this matter, feel free to contact me.

Sincerely,

Mary Jo Werner, Treasurer

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.

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<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>S/S</i>	 2/12/98
PREPARER	DATE PREPARED