

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

Oct 21 11 30 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>RIGHT TO WORK POLITICAL ACTION COMMITTEE</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>5240 PORT ROYAL ROAD, #211</b>	2. FEC IDENTIFICATION NUMBER <b>C00164392</b>
CITY, STATE and ZIP CODE <b>SPRINGFIELD, VA 22151</b>	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding GENERAL (Type of Election)  
 election on 11/3/98 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>10/1/98</u> through <u>10/14/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 14,661.72
(b) Cash on Hand at Beginning of Reporting Period	\$ 50,085.71	
(c) Total Receipts (from Line 19)	\$ -	\$ 101,722.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 50,085.71	\$ 116,384.67
7. Total Disbursements (from Line 20)	\$ 12,285.44	\$ 78,584.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 37,800.27	\$ 37,800.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420
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 <b>REED E. LARSON</b>	Date <b>10/16/98</b>
Signature of Treasurer <i>Reed E. Larson</i>	

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

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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 <b>RIGHT TO WORK POLITICAL ACTION COMM.</b>		REPORT COVERING PERIOD FROM <b>10/1/98</b> TO: <b>10/14/98</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A) .....		50,790.00
ii.	Unitemized .....		50,932.95
iii.	Total .....		101,722.95
b.	Political Party Committees .....		
c.	Other Political Committees (such as PACs) .....		
d.	Total Contributions .....	0	101,722.95
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.) .....		
18.	Transfers from Nonfederal Account for Joint Activity .....	0	101,722.95
19.	Total Receipts .....	0	101,722.95
20.	Total Federal Receipts .....	0	101,722.95
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share .....		
ii.	Non-Federal Share .....	2285.44	37,184.40
b.	Other Federal Operating Expenditures .....	2285.44	37,184.40
c.	Total Operating Expenditures .....		4,400.00
22.	Transfers to Affiliated/Other Party Committees .....	10,000.00	40,000.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....		
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 .....		
29.	Other Disbursements .....	12285.44	78,584.40
30.	Total Disbursements .....	12285.44	78,584.40
31.	Total Federal Disbursements .....		
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d) .....	0	101,722.95
33.	Total Contribution Refunds (from line 28d) .....	0	-
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....	0	101,722.95
35.	Total Federal Operating Expenditures .....	2285.44	37,184.40
36.	Offsets to Operating Expenditures (from line 15) .....	0	-
37.	Net Operating Expenditures .....	2285.44	37,184.40

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

21

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)

RIGHT TO WORK POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC P.O. BOX 17398 BALTIMORE, MD 21297	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/98	44.61
CW ACCOUNTING SERVICES 10424 WOODBURY WOODS CT. FAIRFAX, VA 22032	PRBF. SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/98	771.50
L E MERIDIAN 7400 FULLERTON ROAD SPRINGFIELD, VA 22151	POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/98	1200 <sup>00</sup>
RAVENS WORTH TRUST 5240 PORT ROYAL ROAD SPRINGFIELD, VA 22151	RENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/98	225 <sup>00</sup>
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) .....

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

2241.11

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 112 OF 2  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

RIGHT TO WORK POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COVERDELL GOOD GOV'T COMM. 3091 MAPLE DRIVE ATLANTA, GA 30305	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	1000 <sup>00</sup>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MARK BAKER FOR CONGRESS P.O. BOX 2776 ARLINGTON, VA 22202	U.S. HOUSE - IL 17 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	500 <sup>00</sup>
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AUST FOR CONGRESS 250-D GOVERNORS DRIVE EAST HUNTSVILLE, AL 35801	U.S. HOUSE - AL 5 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	500 <sup>00</sup>
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NORWOOD FOR CONGRESS P.O. BOX 499 EVANS, GA 30809	U.S. HOUSE - GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	500 <sup>00</sup>
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HAYWORTH FOR CONGRESS P.O. BOX 14273 SCOTTSDALE, AZ 85267	U.S. HOUSE - AZ 6 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	1000 <sup>00</sup>
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WYRIK FOR CONGRESS 513 CENTER STREET LITTLE ROCK, AR 72201	U.S. HOUSE - AR 2 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/98	500.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DELAH FOR CONGRESS 1070 CORPORATE DRIVE STAFFORD, TX 77477	U.S. HOUSE - TX 22 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/98	2000 <sup>00</sup>
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NUSSLE FOR CONGRESS P.O. BOX 324 MANCHESTER, IA 52057	U.S. HOUSE - IA 2 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/98	1000 <sup>00</sup>
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOOZMAN FOR SENATE	U.S. SENATE - AR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/8/98	1000 <sup>00</sup>

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

8000<sup>00</sup>

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 2 OF 2  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

**RIGHT TO WORK POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<b>CHABOT FOR CONGRESS</b> <b>3333 GLENMORE AVENUE</b> <b>CINCINNATI, OH 45211</b>	<b>U.S. HOUSE - OH 1</b>	<b>10/8/98</b>	<b>500<sup>00</sup></b>
<b>SNOWBARGER FOR CONGRESS</b> <b>P.O. BOX 3001</b> <b>OLATHE, KS 66063</b>	<b>U.S. HOUSE - KS 3</b>	<b>10/8/98</b>	<b>500<sup>00</sup></b>
<b>RON PAUL FOR CONGRESS</b> <b>Box 1776</b> <b>LAKE JACKSON, TX 77566</b>	<b>U.S. HOUSE - TX 14</b>	<b>10/8/98</b>	<b>1000<sup>00</sup></b>
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) .....

**2000<sup>00</sup>**

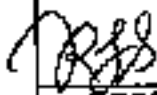
TOTAL This Period (last page this line number only) .....

**10,000<sup>00</sup>**

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
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<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	10/21/98 DATE PREPARED