

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

CONFIDENTIAL
MAR 24 12 33 PM '97

1. NAME OF COMMITTEE (in full) Professional Insurance Agents Political Action Committee		2. FEC IDENTIFICATION NUMBER C 0000 4994
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 400 North Washington Street		
CITY, STATE and ZIP CODE Alexandria, VA 22314		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:
 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>02/01/97</u> through <u>02/28/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 5,035.86
(b) Cash on Hand at Beginning of Reporting Period	\$ 10,957.88	
(c) Total Receipts (from Line 19)	\$ 26,227.24	\$ 34,695.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 37,185.12	\$ 39,731.62
7. Total Disbursements (from Line 30)	\$ 9,167.21	\$ 11,713.71
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 28,017.91	\$ 28,017.91
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 B Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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
Dean R. Sackett, III

Signature of Treasurer: *Dean R. Sackett III* Date: 1-19-97

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

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM: 02/01/97	TO: 02/28/97
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	7,600.00	9,650.00
ii. Unitemized.....	18,595.50	24,990.50
iii. Total.....(add i and ii)>	26,195.50	34,640.50
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....(add aiii,b and c)>	26,195.50	34,640.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	31.74	55.26
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....(add 11d,12,13,14,15,16,17,and 18)>	26,227.24	34,695.76
20. Total Federal Receipts.....(subtract line 18 from line 19)>	26,227.24	34,695.76
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	167.21	213.71
c. Total Operating Expenditures.....(Add a,i,ii, and b)>	167.21	213.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9,000.00	11,500.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds.....(Add a,b, and c)>	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....(Add 21c,22,23,24,25,26,27,28d, and 29)>	9,167.21	11,713.71
31. Total Federal Disbursements.....(Subtract line 21 aii from line 30)>	9,167.21	11,713.71
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	26,195.50	34,640.50
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	26,195.50	34,640.50
35. Total Federal Operating Expenditures.....(add 21 ai and 21 b)>	167.21	213.71
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....(subtract line 36 from 35)>	167.21	213.71

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
FOR LINE NUMBER 11 a i

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In full)

<p>A. Full Name, Mailing Address and Zip Code John C Alexander PO Box 88 Danville, IL 61834-0088</p>	<p>Name of Employer Heartland Insurance Agency</p> <p>Occupation Insurance Agency Owner/Principal</p>	<p>Date (Month day, Year) 02/04/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>B. Full Name, Mailing Address and Zip Code Lewis L Wilson 151 E Main St PO Box 39 Cobleskill, NY 12043-0039</p>	<p>Name of Employer Fire Mark Insurance Agency Inc</p> <p>Occupation Insurance Agency Owner/Principal</p>	<p>Date (Month day, Year) 02/04/97</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 1,100.00</p>		
<p>C. Full Name, Mailing Address and Zip Code John G Riley PO Box 4078 Salisbury, NC 28145-4078</p>	<p>Name of Employer Riley-Clay-Turner Ins</p> <p>Occupation Insurance Agency Owner/Principal</p>	<p>Date (Month day, Year) 02/04/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 500.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Dino C Gavanes 127 N Walnut Itasca, IL 60143</p>	<p>Name of Employer Premier Risk Services Inc</p> <p>Occupation Insurance Agency Owner/Principal</p>	<p>Date (Month day, Year) 02/07/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 350.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Marshall Rubenstein 276 Duffy Ave Hicksville, NY 11801-3605</p>	<p>Name of Employer Margold Agency Inc.</p> <p>Occupation Insurance Agency Owner/Principal</p>	<p>Date (Month day, Year) 02/07/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 250.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Gary R Mayo PO Box 66 Hanover, NH 03755-0066</p>	<p>Name of Employer A B Gile Inc</p> <p>Occupation Insurance Agency Owner/Principal</p>	<p>Date (Month day, Year) 02/07/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 350.00</p>		
<p>G. Full Name, Mailing Address and Zip Code Mark Lauderdale PO Box 991 Cushing, OK 74023-0991</p>	<p>Name of Employer Mark Lauderdale Ins Agency Inc</p> <p>Occupation Insurance Agency Owner/Principal</p>	<p>Date (Month day, Year) 02/07/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 350.00</p>		

SUB TOTAL of Receipts This Page (Optional) > **2,600.00**

TOTAL this Period (Last page this line number only) >

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)

A. Full Name, Mailing Address and Zip Code Thomas V Arneson 109 W Lincoln Ave PO Box 464 Fergus Falls, MN 56537-0464	Name of Employer Arneson Agency Occupation Insurance Agency Owner/Principal	Date (Month day, Year) 02/07/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
B. Full Name, Mailing Address and Zip Code Stephen E Watkins Jr PO Box 360 South Hill, VA 23970-0360	Name of Employer Watkins Insurance Agency Inc Occupation Insurance Agency Owner/Principal	Date (Month day, Year) 02/07/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
C. Full Name, Mailing Address and Zip Code Gary R Mayo PO Box 66 Hanover, NH 03755-0066	Name of Employer A B Gile Inc Occupation Insurance Agency Owner/Principal	Date (Month day, Year) 02/10/97	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 350.00		
D. Full Name, Mailing Address and Zip Code Wanda Gagnon 261 Sheep Davis Rd #D Concord, NH 03301-5750	Name of Employer PIA of NE-NH-VT Occupation Insurance Agency Owner/Principal	Date (Month day, Year) 02/10/97	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.00		
E. Full Name, Mailing Address and Zip Code Ernest Houston 19 Shawnee Avenue PO Box 1832 Zanesville, OH 43702-1832	Name of Employer Houston Ins Agcy Inc Occupation Insurance Agency Owner/Principal	Date (Month day, Year) 02/20/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
F. Full Name, Mailing Address and Zip Code Edward B Efficin 2001 Spring Rd Oak Brook, IL 60521-1877	Name of Employer Astro National Inc Occupation Insurance Agency Owner/Principal	Date (Month day, Year) 02/21/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
G. Full Name, Mailing Address and Zip Code Robert J Rappa PO Box K Franklin, MA 02038-0820	Name of Employer Thomas F Keefo Ins Agcy Inc Occupation Insurance Agency Owner/Principal	Date (Month day, Year) 02/21/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
SUB TOTAL of Receipts This Page (Optional)>			1,600.00
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

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NAME OF COMMITTEE (in full)

<p>A. Full Name, Mailing Address and Zip Code Craig S Jackland 343 N Conrie Ave PO Box 120 Johnstown, NY 12095-0120</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Jackland Assoc Inc</p> <p>Occupation Insurance Agency Owner/Principal</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 02/21/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Don F LaPenna PO Box 2757 Westfield, NJ 07091-2757</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Donald F LaPenna Associates</p> <p>Occupation Insurance Agency Owner/Principal</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 02/21/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Ray Frankel 10 Lanickx Plz W Parsippany, NJ 07054-2718</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Frankel Insurance Agcy</p> <p>Occupation Insurance Agency Owner/Principal</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 02/25/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code William R Adams 5201 Valley Forge Dr Alexandria, VA 22304-3096</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer A & R Associates Ltd</p> <p>Occupation Insurance Agency Owner/Principal</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 02/25/97</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>E. Full Name, Mailing Address and Zip Code Arthur I Moll River Bridge 2509 Egret Lake Drive West Palm Beach, FL 33413</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Arthur I Moll Inc</p> <p>Occupation Insurance Agent/Producer</p> <p>Aggregate Year-to-date > \$ 850.00</p>	<p>Date (Month day, Year) 02/27/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Doag Culkia 8221 Kay Ct Annandale, VA 22003-2201</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer PIA National</p> <p>Occupation Insurance Agency Owner/Principal</p> <p>Aggregate Year-to-date > \$ 250.00</p>	<p>Date (Month day, Year) 02/28/97</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>G. Full Name, Mailing Address and Zip Code Eugene E Sberna 1154 Winwood Dr PO Box 5001 Lake Forest, IL 60045-5001</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Sberna & Associates</p> <p>Occupation Insurance Agency Owner/Principal</p> <p>Aggregate Year-to-date > \$ 500.00</p>	<p>Date (Month day, Year) 02/28/97</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUB TOTAL of Receipts This Page (Optional).....> **1,650.00**

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

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NAME OF COMMITTEE (in full)

<p>A. Full Name, Mailing Address and Zip Code Rodney B Leavitt 823 S 6th Street Las Vegas, NV 89101-5350</p>	<p>Name of Employer Leavitt Insurance Agency</p> <p>Occupation Insurance Agency Owner/Principal</p>	<p>Date (Month day, Year) 02/28/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 600.00</p>		
<p>B. Full Name, Mailing Address and Zip Code David M Kuczaj 100 Technecenter Dr #113 PO Box 462 Milford, OH 45150-0462</p>	<p>Name of Employer Cincinnati Risk Mgrs Ins Agcy</p> <p>Occupation Insurance Agency Owner/Principal</p>	<p>Date (Month day, Year) 02/28/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 600.00</p>		
<p>C. Full Name, Mailing Address and Zip Code H Larry Hudson PO Box 5667 Shreveport, LA 71135-5667</p>	<p>Name of Employer Hudson-Silver Insurance Agency</p> <p>Occupation Insurance Agency Owner/Principal</p>	<p>Date (Month day, Year) 02/28/97</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 450.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Roger A Weber PO Box 188 Montrose, PA 18801-0188</p>	<p>Name of Employer Penn Weber Ins Assoc Inc</p> <p>Occupation Insurance Agency Owner/Principal</p>	<p>Date (Month day, Year) 02/28/97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$ 600.00</p>		
<p>E. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$</p>		
<p>F. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$</p>		
<p>G. Full Name, Mailing Address and Zip Code</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Aggregate Year-to-date > \$</p>		

SUB TOTAL of Receipts This Page (Optional) > **1,750.00**

TOTAL this Period (Last page this line number only) > **7,600.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and Zip Code Crestar Bank Washington, DC	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 02/28/97	Amount of Each Disb. this Period 167.21
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	167.21
TOTAL this Period (Last page this line number only).....>	167.21

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

<p>A. Full Name, Mailing Address and Zip Code Jon Christensen for Congress Committee 8530 Cass Ave #203 Omaha, NE 68114</p>	<p>Purpose of Disbursement Jon Christensen, U.S. HOUSE 2nd NE</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 02/20/97</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code The Coverdell Good Government Committee 3091 Maple Dr #200 Atlanta, GA 30305</p>	<p>Purpose of Disbursement Paul Coverdell, U.S. SENATE GA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 02/26/97</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Tom Davis for Congress Committee 9001 Braddock Rd #300 Springfield, VA 22151</p>	<p>Purpose of Disbursement Tom Davis, U.S. HOUSE 11th VA</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 02/20/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Hagel for Nebraska 507 Capitol Ct NE #100 Washington, DC 20002</p>	<p>Purpose of Disbursement Chuck Hagel, U.S. SENATE NE</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 02/26/97</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Citizens for Harkin PO Box 811 Des Moines, IA 50304</p>	<p>Purpose of Disbursement Tom Harkin, U.S. SENATE IA</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) '96 Debt Retirement</p>	<p>Date (Month day, Year) 02/05/97</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Rick Hill for Congress PO Box 1256L DR Helena, MT 59624</p>	<p>Purpose of Disbursement Rick Hill, MT</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) '96 Debt Retirement</p>	<p>Date (Month day, Year) 02/05/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Trent Lott for Mississippi c/o Janet Bain 3001 Park Center Dr #1105 Alexandria, VA 22302</p>	<p>Purpose of Disbursement Trent Lott, U.S. SENATE MS</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 02/20/97</p>	<p>Amount of Each Disb. this Period 1,000.00</p>
<p>H. Full Name, Mailing Address and Zip Code Earl Pomeroy for Congress PO Box 75214 Washington, DC 20013</p>	<p>Purpose of Disbursement Earl Pomeroy, U.S. HOUSE AL ND</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 02/26/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>I. Full Name, Mailing Address and Zip Code Skeen for Congress 2233 Wisconsin Ave NW #500 Washington, DC 20007</p>	<p>Purpose of Disbursement Joe Skeen, U.S. HOUSE 2nd NM</p> <p>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998</p>	<p>Date (Month day, Year) 02/26/97</p>	<p>Amount of Each Disb. this Period 500.00</p>
<p>SUB TOTAL of Disbursements this page (Optional).....></p>			<p>7,000.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Gerald Solomon PO Box 459 Saratoga Springs, NY 12866	Gerald Solomon, U.S. HOUSE 22nd NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/05/97	1,000.00
Friends of Gerald Solomon PO Box 459 Saratoga Springs, NY 12866	Gerald Solomon, U.S. HOUSE 22nd NY Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	02/26/97	1,000.00
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period
SUB TOTAL of Disbursements this page (Optional).....>			2,000.00
TOTAL this Period (Last page this line number only).....>			9,000.00

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

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Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

J.A.Q.
PREPARER

3/24/97
DATE PREPARED