

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

NOV 21 12 17 PM '97

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) UNITED STATES SUGAR CORPORATION - EMPLOYEE STOCK OWNERSHIP PLAN - POLITICAL ACTION COMMITTEE, INC.		2. FEC IDENTIFICATION NUMBER C 00234120
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 111 PONCE DE LEON AVENUE		
CITY, STATE and ZIP CODE CLEWISTON, FLORIDA 33440		
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	10-1-97 through 10-31-97		
6. (a) Cash on Hand January 1, 19 97			\$ 13,140.53
(b) Cash on Hand at Beginning of Reporting Period		\$ 11,392.75	
(c) Total Receipts (from Line 10)		\$ 3,242.77	\$ 41,919.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 14,635.52	\$ 55,060.02
7. Total Disbursements (from Line 30)		\$ 6,000.00	\$ 46,424.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 8,635.52	\$ 8,635.52
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Tel 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	

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 Stephen V. Coffman	Date 11-19-97
Signature of Treasurer 	

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 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
UNITED STATES SUGAR CORPORATION-EMPLOYEE STOCK OWNERSHIP PLAN-POLITICAL ACTION COMMITTEE, INC.	FROM 10-1-97	TO 10-31-97	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	665.45	16,249.05	11(a)
ii. Unitemized	2,555.02	25,405.86	11(a)
iii. Total (add i and ii) >	3,220.47	41,654.91	11(a)
b. Political Party Committees	-	-	11(b)
c. Other Political Committees (such as PACs)	-	-	11(c)
d. Total Contributions (add a iii, b and c) >	3,220.47	41,654.91	11(d)
12. Transfers From Affiliated/Other Party Committees	-	-	12
13. All Loans Received	-	-	13
14. Loan Repayments Received	-	-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-	-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-	-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	22.30	264.58	17
18. Transfers from Nonfederal Account for Joint Activity	-	-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,242.77	41,919.49	19
20. Total Federal Receipts (subtract line 18 from line 19) >	3,242.77	41,919.49	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-	-	21(a)
ii. Non-Federal Share	-	-	21(b)
b. Other Federal Operating Expenditures	-	174.50	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	-	174.50	21(c)
22. Transfers to Affiliated/Other Party Committees	-	-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,000.00	46,250.00	23
24. Independent Expenditures (use Schedule E)	-	-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-	-	25
26. Loan Repayments Made	-	-	26
27. Loans Made	-	-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-	-	28(a)
b. Political Party Committees	-	-	28(b)
c. Other Political Committees (such as PACs)	-	-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-	-	28(d)
29. Other Disbursements	-	-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	6,000.00	46,424.50	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) >	6,000.00	46,424.50	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	3,220.47	41,654.91	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	3,220.47	41,654.91	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-	174.50	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures (subtract line 35 from 36) >	-	174.50	37

SCHEDULE A ITEMIZED RECEIPTS

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 * 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: UNITED STATES SUGAR CORPORATION
 EMPLOYEE STOCK OWNERSHIP PLAN
 POLITICAL ACTION COMMITTEE, INC. C00234120

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
ROBERT C ADAMS P. O. BOX 522 810 NORTH LOPEZ STREET CLEWISTON ,FL 33440	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$30.00 (\$30.00 PER PAY PERIOD)
OCCUPATION: DIR. UTILITIES AGGREGATE YEAR-TO-DATE: \$300.00			
CARL N BARNES P. O. BOX 352 CLEWISTON ,FL 33440	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$15.00 (\$15.00 PER PAY PERIOD)
OCCUPATION: ASST.SUPT.WPLANT AGGREGATE YEAR-TO-DATE: \$650.00			
ROBERT V COCHRAN 545 WEST EL PASO CLEWISTON ,FL 33440	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$20.00 (\$20.00 PER PAY PERIOD)
OCCUPATION: CHF. ELECTRICIAN AGGREGATE YEAR-TO-DATE: \$200.00			
MICHAEL DAMMS P. O. BOX 2601 CLEWISTON ,FL 33440	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$40.00 (\$40.00 PER PAY PERIOD)
OCCUPATION: ASST TO SR VP F/ AGGREGATE YEAR-TO-DATE: \$320.00			
STEVEN L DOBBS RT. 6, BOX 805 A OKREECHOBEE ,FL 34974	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$30.00 (\$30.00 PER PAY PERIOD)
OCCUPATION: ADMIN. MANAGER AGGREGATE YEAR-TO-DATE: \$270.00			
DONALD W EDDINS P. O. BOX 373 HWY. 51 SOUTH VAIDEN ,MS 39176	U.S. CORRULITE CORP.	MONTHLY PAYROLL DEDUCTION	\$50.00 (\$50.00 PER PAY PERIOD)
OCCUPATION: PLANT MANAGER AGGREGATE YEAR-TO-DATE: \$320.00			

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 POLITICAL ACTION COMMITTEE, INC. C00234120

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
EUGENE G HOLLON 2543 BACOM PT. RD. PAHOKEE ,FL 33476	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$20.00 (\$20.00 PER PAY PERIOD)
OCCUPATION: FOREMAN AGGREGATE YEAR-TO-DATE: \$200.00			
ALFRED L HOOKER 411 W. HAITI AVE. CLEWISTON ,FL 33440	U.S. SUGAR CORP.	WEEKLY PAYROLL DEDUCTION	\$50.00 (\$10.00 PER PAY PERIOD)
OCCUPATION: ELEC. HELPER 2/C AGGREGATE YEAR-TO-DATE: \$320.00			
ORVELL L HOWARD 902 BANYAN STREET CLEWISTON ,FL 33440	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$25.00 (\$25.00 PER PAY PERIOD)
OCCUPATION: DIR. ENG. SURVEY AGGREGATE YEAR-TO-DATE: \$250.00			
MARION F JONES 243 WEST DEL MONTE CLEWISTON ,FL 33440	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$30.00 (\$30.00 PER PAY PERIOD)
OCCUPATION: DIR. ENG. PLAN. AGGREGATE YEAR-TO-DATE: \$300.00			
TERRY L KESTER 4070 RAINBOW CIRCLE LA BELLE ,FL 33935	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$20.00 (\$20.00 PER PAY PERIOD)
OCCUPATION: MGR. COMP. OPER. AGGREGATE YEAR-TO-DATE: \$200.00			
TOM D LITTLES P. O. BOX 1617 608 SAGINAW AVENUE CLEWISTON ,FL 33440	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$75.00 (\$75.00 PER PAY PERIOD)
OCCUPATION: SAFETY DIRECTOR AGGREGATE YEAR-TO-DATE: \$675.00			

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 EMPLOYEE STOCK OWNERSHIP PLAN
 POLITICAL ACTION COMMITTEE, INC. C00234120

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
MICHAEL L MAZZINA 300 W. AVENIDA DEL RIO CLEWISTON , FL 33440 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$250.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$25.00 (\$25.00 PER PAY PERIOD)
JOHN R METZ 324 DESOTO AVENUE CLEWISTON , FL 33440 OCCUPATION: TRAFFIC MANGER AGGREGATE YEAR-TO-DATE: \$250.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$25.00 (\$25.00 PER PAY PERIOD)
JAMES M PEARCE 204 RIDGEWOOD AVE. CLEWISTON , FL 33440 OCCUPATION: DIR. FIELD CONST AGGREGATE YEAR-TO-DATE: \$210.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$30.00 (\$30.00 PER PAY PERIOD)
MAGIN PEREZ P. O. BOX 871 312 DESOTO AVENUE CLEWISTON , FL 33440 OCCUPATION: MGR. ENG. DES/SADM AGGREGATE YEAR-TO-DATE: \$734.50	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$23.45 (\$23.45 PER PAY PERIOD)
JORGE L RIVAS 1005 PALMETTO ST. CLEWISTON , FL 33440 OCCUPATION: ASST.SUPT.HARV. AGGREGATE YEAR-TO-DATE: \$350.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$50.00 (\$50.00 PER PAY PERIOD)
WALTER G SMITH 600 SABAL AVENUE LA BELLE , FL 33440 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: \$720.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$22.00 (\$22.00 PER PAY PERIOD)

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 EMPLOYEE STOCK OWNERSHIP PLAN
 POLITICAL ACTION COMMITTEE, INC. C00234120

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
WOODROW W STORY, JR. 602 RIDGEVIEW CR. CLEWISTON ,FL 33440	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$20.00 (\$20.00 PER PAY PERIOD)
OCCUPATION: ASST SUPT W.HARV AGGREGATE YEAR-TO-DATE: \$200.00			
WILLIAM WRIGHT, JR. 791 BENNETT AVENUE CLEWISTON ,FL 33935	U.S. SUGAR CORP.	WEEKLY PAYROLL DEDUCTION	\$25.00 (\$5.00 PER PAY PERIOD)
OCCUPATION: EQUIP. OP. 1/C AGGREGATE YEAR-TO-DATE: \$205.00			
ELIAS A YACAMAN P. O. BOX 2818 CLEWISTON ,FL 33440	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	\$40.00 (\$40.00 PER PAY PERIOD)
OCCUPATION: PROCESS MANAGER AGGREGATE YEAR-TO-DATE: \$360.00			
TOTAL OF INDIVIDUAL CONTRIBUTIONS FOR THIS REPORTING PERIOD WHICH ARE GREATER THAN OR EQUAL TO \$200.00 .			\$665.45
TOTAL OF INDIVIDUAL CONTRIBUTIONS FOR THIS REPORTING PERIOD WHICH ARE LESS THAN \$200.00 .			\$2,555.02
GRAND TOTAL FOR REPORTING PERIOD 10/01/1997 THRU 10/31/1997			\$3,220.47

GRAND TOTAL FOR THE YEAR (ALL EMPLOYEES) : \$41,654.91

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full) UNITED STATES SUGAR CORPORATION - EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE, INC.

<p>A. Full Name, Mailing Address and ZIP Code FIRST BANK OF CLEWISTON P. O. BOX 1237 CLEWISTON, FL 33440</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer (INTEREST RECEIVED FROM HI-FI ACCOUNT)</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 264.58</p>	<p>Date (month, day, year) 10-31-97</p>	<p>Amount of Each Receipt this Period \$22.30</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	
<p>TOTAL This Period (last page this line number only)</p>	<p>\$22.30</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full) UNITED STATES SUGAR CORPORATION - EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Vito Fossella Campaign P. O. Box 060248 Staten Island, NY 10306	Contribution: Vito Fosse (13/NY/R) U.S. House Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Open Seat: ...	10-23-97	\$1,000.00
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 Disbursement 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 Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	\$1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for David Obey P. O. Box 75214 Washington, D. C. 20013	Contribution: David Obey (7/WI/D) U. S. House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-97	\$500.00
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 Disbursement 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 Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	\$500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full) UNITED STATES SUGAR CORPORATION - EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Harold Ford, Jr. "A New Vision Committee" P. O. Box 2884 Washington, D. C. 20013	Contribution: Harold E. Ford, Jr. (9/TN/D) U.S. House Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-97	\$500.00
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 Disbursement 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 Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	\$500.00

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) UNITED STATES SUGAR CORPORATION - EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Graham for Congress 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151	Contribution: Lindsey Graham (3/SC/R) U. S. House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-97	\$500.00
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 Disbursement 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 Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full) UNITED STATES SUGAR CORPORATION - EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Contribution: Lauch Faircloth (NC/R) .. Senate	Date (month, day, year): 10-27-97	Amount of Each Disbursement This Period: \$1,000.00
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 Disbursement 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 Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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\$1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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1	1
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (in Full) UNITED STATES SUGAR CORPORATION - EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nevada Victory Fund '98 424 C Street, NE First Floor Washington, D. C. 20002	Contribution: Harry Reid (NV/D) Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-27-97	\$1,000.00
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 Disbursement 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 Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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\$1,000.00

SCHEDULE B

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NAME OF COMMITTEE (In Full) **UNITED STATES SUGAR CORPORATION - EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTION COMMITTEE, INC.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Barrett for Congress 312 West 3rd Grand Island, NE 68801	Contribution: Bill Barrett (3/NE/R) U. S. House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-01-97	\$500.00
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 Disbursement 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 Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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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
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TOTAL This Period (last page this line number only)	\$500.00

SCHEDULE B

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NAME OF COMMITTEE (in Full) **UNITED STATES SUGAR CORPORATION - EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE, INC.**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: Jim McCrery (4/LA/R) U. S. House	Date (month, day, year)	Amount of Each Disbursement This Period
CPC-PAC Golf Tournament P. O. Box 22614 Alexandria, VA 22034	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10-17-97	\$500.00
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 Disbursement 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 Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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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

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TOTAL This Period (last page this line number only)	\$500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full) UNITED STATES SUGAR CORPORATION - EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution: Jim Bob Schaffer (4/CO/R) U. S. House Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Schaffer for Congress P. O. Box 1929 Fort Collins, CO 80522-1922		10-17-97	\$500.00
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 Disbursement 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 Disbursement This Period
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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)

\$500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED <i>11-19-97</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JmW</i> PREPARER	<i>11-24-97</i> DATE PREPARED