

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

NOV 1 8 05 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) CONSERVATIVE LEADERSHIP PAC		2. FEC IDENTIFICATION NUMBER C00010363
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 3128 N. 17th STREET	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
CITY, STATE and ZIP CODE ARLINGTON, VA 22201		

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
- 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election 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>7/1/98</u> through <u>9/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>			\$ 22,672.23
(b) Cash on Hand at Beginning of Reporting Period		\$ 32,619.55	
(c) Total Receipts (from Line 19)		\$ 14,047.00	\$ 87,887.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 46,666.55	\$ 110,559.31
7. Total Disbursements (from Line 30)		\$ 33,269.10	\$ 97,161.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 13,397.45	\$ 13,397.45
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ -	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ -	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-894-1100

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 HOWARD P. ESTES, JR.	Date
Signature of Treasurer 	<u>10/15/98</u>

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 CONSERVATIVE LEADERSHIP PAC		REPORT COVERING PERIOD FROM 7/1/98 TO: 9/30/98	
		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)		3800.00	49,974.00
ii. Unitemized		10247.00	37,910.29
iii. Total (add i and ii) >		14047.00	87,884.29
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		14047.00	87,884.29
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			2.79
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			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		14047.00	87,887.08
20. Total Federal Receipts (subtract line 18 from line 19) >		14047.00	87,887.08
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		21,447.71	81,340.47
c. Total Operating Expenditures (add a i, a ii, and b) >		21,447.71	81,340.47
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		14,821.39	15,821.39
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. Individual/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		33269.10	97,161.86
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		33269.10	97,161.86
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		14047.00	87,884.29
33. Total Contribution Refunds (from line 28d)		-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)		14047.00	87,884.29
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		21,447.71	81,340.47
36. Offsets to Operating Expenditures (from line 15)		-	-
37. Net Operating Expenditures (subtract line 36 from 35) >		21,447.71	81,340.47

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 3
FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

CONSERVATIVE LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MR. MILTON D. HUEBNER 66 CHAMPIONS RUN SAN ANTONIO, TX 78258	CCC GROUP, INC.	7/9/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONTRACTOR	Aggregate Year-to-Date > \$ 850 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MR. CHESTER DUFF 903-B HERITAGE VILLAGE SOUTHBRURY, CT - 06488	INFO REC'D	7/17/98	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200 ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MR. FREDERICK W. GUARDABASSI P.O. BOX 7515 FT. LAUDERDALE, FL 33338	SELF-EMPLOYED	7/17/98	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation INVESTOR	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
MR. JOSEPH ORGAN 1213 PARK AVENUE RIVER FOREST, IL 60305	INFO REC'D	7/17/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200 ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MRS. HENRIETTA P. CRANE 71 JAMESON POINT ROAD ROCKLAND, ME 04841	INFO REC'D	7/17/98	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 575 ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MR. PHILIP M. MOELLER 3919 IRON MILK LANE SAN ANTONIO, TX 78230		7/31/98	300 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 300 ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MR. LEWIS H. HILL, III 100 N. TAMPA ST., #2700 TAMPA, FL 33602	FOLEY & GARDNER	7/31/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggregate Year-to-Date > \$ 200 ⁰⁰	

SUBTOTAL of Receipts This Page (optional)

1800⁰⁰

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

CONSERVATIVE LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. JACK A. MULLINS 224 RIDGEWOOD DRIVE VICTORIA, TX 77901		7/31/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 200 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. ELMER McKESSON 903 N. MAIN ST, #128 SAN ANGELO, TX 76903		7/31/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 300 ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EDW. M. O'NEWEN, JR. 6827-C FAIRVIEW ROAD CHARLOTTE, NC 28210		8/17/98	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INFO REQ'D	Aggregate Year-to-Date > \$ 200 ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. DEAN K. WEBSTER P.O. BOX 2089 ANDOVER, MA 01810		8/17/98	250 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 250 ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. EDWARD H. EVANSON P.O. BOX 127 CLATSkanie, OR 97016		8/17/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 1000 ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. GEORGE N. FRECKER 1245 MURCHINSON DRIVE MILLBRAE, CA 94030		8/17/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 200 ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. MARVIN MOORE 708 HENRIETTA STREET SPRINGDALE, AR 72762		8/21/98	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 500 ⁰⁰	

SUBTOTAL of Receipts This Page (optional) 1350⁰⁰

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 3

FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

CONSERVATIVE LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code MR. STEPHEN D. ROSEN 46 REMSEN ST. BROOKLYN, HEIGHTS, NY 11201	Name of Employer RBS MANSFIELD CORP. Occupation REAL ESTATE	Date (month, day, year) 8/21/98	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		
B. Full Name, Mailing Address and ZIP Code MR. M. R. ROGERS 18775 FOSS HILL ROAD CALISTOGA, CA 94515	Name of Employer INFO REQ'D Occupation RETIRED	Date (month, day, year) 9/4/98	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 MR. WILLIAM R. JACKSON, JR. 3400 GRAND AVENUE PITTSBURGH, PA 15225	Name of Employer INFO REQ'D Occupation RETIRED	Date (month, day, year) 9/30/98	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 > \$ 800 ⁰⁰		
D. Full Name, Mailing Address and ZIP Code COL. RAY H. SMITH 4574 COVE TRAIL ANDERSON, SC 29621	Name of Employer Occupation RETIRED	Date (month, day, year) 9/30/98	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 > \$ 200 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)

650⁰⁰

TOTAL This Period (last page this line number only)

3800⁰⁰

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER

21

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NAME OF COMMITTEE (In Full)

CONSERVATIVE LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NATIONS BANK P.O. BOX 27025 RICHMOND, VA 23261	PAYROLL TAXES	7/1/98	767.27
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/98	767.27
SAME AS "A"	PAYROLL TAXES	9/1/98	767.27
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	767.27
VA DEPARTMENT OF TAXATION P.O. BOX 27264 RICHMOND, VA 23261	PAYROLL TAXES	7/1/98	354.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
AMERICANS FOR TAX REFORM 1320 18 TH STREET NW WASHINGTON DC	RENT	7/1/98	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/98	500.00
SAME AS "D"	RENT	9/1/98	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	500.00
ERIK HOWER 3128 N. 17 TH STREET ARLINGTON, VA 22201	PAYROLL	7/15/98	997.18
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/98 8/15/98	997.18 997.18
SAME AS "F"	PAYROLL	8/31/98	997.18
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/98 9/30/98	997.18 997.18
SAME AS "F"	EXPENSES	7/13/98	293.53
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/98 9/17/98	229.33 318.43
CW ACCOUNTING SERVICES 10424 WOODBURY WOODS CT FAIRFAX, VA 22032	PROF. SERVICES	7/1/98	600.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	500.00

SUBTOTAL of Disbursements This Page (optional)

13287.45

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 21

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NAME OF COMMITTEE (in Full)

CONSERVATIVE LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PREFERRED LISTS 5201 LEEBURG AVE FALLS CHURCH, VA 22041	LIST RENTAL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/98 7/9/98	206.00 364.00
B. Full Name, Mailing Address and ZIP Code BELL ATLANTIC P.O. BOX 646 BALTIMORE, MD 646	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/1/98 7/30/98	85.21 92.88
C. Full Name, Mailing Address and ZIP Code SAME AS "B"	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/98	100.33
D. Full Name, Mailing Address and ZIP Code WILLARD INTER-CONTINENTAL HOTEL 1401 PENNSYLVANIA AVENUE WASHINGTON, DC. 20004	BANQUET CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/98	2060.58
E. Full Name, Mailing Address and ZIP Code MATTOX COMMERCIAL PHOTOGRAPHY 5021 SEMINARY ROAD ALEXANDRIA, VA 22311	PHOTOGRAPHY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/3/98	685.30
F. Full Name, Mailing Address and ZIP Code TARGETED CREATIVE COMMUNICATIONS 1000 DUKE STREET ALEXANDRIA, VA 22314	MAILING COSTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/19/98	4565.96
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)

8160.26

TOTAL This Period (last page this line number only)

21,447.71

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

CONSERVATIVE LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRY BOZMAN FOR SENATE P.O. Box 34007 LITTLE ROCK, AR 72203	U.S. SENATE - AR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/98	2000 ⁰⁰
B. Full Name, Mailing Address and ZIP Code MIKE PAPPAS FOR CONGRESS 3582 ROUTE 22 WEST SOMERVILLE, NJ 08876	U.S. HOUSE - NJ 12 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/98	200 ⁰⁰
C. Full Name, Mailing Address and ZIP Code SHAWN TERRY FOR CONGRESS 2634 S. CARRIAGE PARKWAY GRAND PRAIRIE, TX 75052	U.S. HOUSE - TX 24 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/98	2000 ⁰⁰
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO ELECT MIKE BURKHOLD P.O. Box 10488 ROCK HILL SC 29731	U.S. HOUSE - SC 5 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/17/98	2000 ⁰⁰
E. Full Name, Mailing Address and ZIP Code GARY HOFMEISTER FOR CONGRESS 2511 EAST 46 TH STREET, #M INDIANAPOLIS, IN 46205	U.S. HOUSE - IN 10 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	1000 ⁰⁰
F. Full Name, Mailing Address and ZIP Code PHIL 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)	9/28/98	2000 ⁰⁰
G. Full Name, Mailing Address and ZIP Code MOLLY BORDNARD FOR CONGRESS 5319 SW WESTGATE DRIVE PORTLAND, OR 97221	U.S. HOUSE - OR 1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	2000 ⁰⁰
H. Full Name, Mailing Address and ZIP Code REPUBLICAN PARTY OF HI 1947 N. KING STREET HONOLULU, HI 96819	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	621.39
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)

11,821.39

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)

CONSERVATIVE LEADERSHIP PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MEMO ITEM CONTRIBUTION IN KIND	MAILING LIST Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code DENARIS MILLER FOR CONGRESS P.O BOX 839 MCLEAN, VA 22101	U.S. HOUSE - VA 8 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/31/98	50 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 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)

50⁰⁰

NOT INCLUDED IN TOTALS

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
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