

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 8 1 12 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE
C00077362 030498 P 266
DOUGLAS BRACKETT
AMERICAN FURNITURE MANUFACTURE
RS ASSOCIATION POLITICAL ACTIO
223 S WRENN STREET
PO BOX HF-7
HIGH POINT NC 27261

2. FEC IDENTIFICATION NUMBER
C00077362

3. 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

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
6. Covering Period	1/1/98 through 3/31/98		
8. (a) Cash on Hand January 1, 1998			\$ 4046.18
(b) Cash on Hand at Beginning of Reporting Period		\$ 4046.18	
(c) Total Receipts (from Line 18)		\$ 19010.00	\$ 19010.00
(d) Subtotal (add Lines 6(b) and 8(c) for Column A and Lines 6(a) and 8(c) for Column B)		\$ 23056.18	\$ 23056.18
7. Total Disbursements (from Line 30)		\$ 12250.00	\$ 12250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 10806.18	\$ 10806.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-219-8420
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
Douglas L. Brackett

Signature of Treasurer

Douglas L. Brackett

Date
4/3/98

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

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 AMERICAN FURNITURE MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 1/1/98 TO: 3/31/98	
I Receipts		COLUMN A Total Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6250.00	6250.00	11(a)
ii. Unitemized	12760.00	12760.00	11(b)
iii. Total (add i and ii) >	19010.00	19010.00	11(c)
b. Political Party Committees			12
c. Other Political Committees (such as PACs)			13
d. Total Contributions (add a ii, b and c) >	19010.00	19010.00	14
12. Transfers From Affiliated/Other Party Committees			15
13. All Loans Received			16
14. Loan Repayments Received			17
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			18
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			19
17. Other Federal Receipts (Dividends, Interest, etc.)			20
18. Transfers from Nonfederal Account for Joint Activity			21
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	19010.00	19010.00	22
20. Total Federal Receipts (subtract line 18 from line 19) >	19010.00	19010.00	23
II Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			24(a)
ii. Non-Federal Share			24(b)
b. Other Federal Operating Expenditures			24(c)
c. Total Operating Expenditures (add a i, a ii, and b) >			24(d)
22. Transfers to Affiliated/Other Party Committees			25
23. Contributions to Federal Candidates/Committees and Other Political Committees	12250.00	12250.00	26
24. Independent Expenditures (use Schedule E)			27
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			28
26. Loan Repayments Made			29
27. Loans Made			30
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			31(a)
b. Political Party Committees			31(b)
c. Other Political Committees (such as PACs)			31(c)
d. Total Contribution Refunds (add a, b and c) >			31(d)
29. Other Disbursements			32
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	12250.00	12250.00	33
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	12250.00	12250.00	34
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	19010.00	19010.00	35
33. Total Contribution Refunds (from line 28d)	-	-	36
34. Net Contributions (other than loans)(subtract line 33 from 32)	19010.00	19010.00	37
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-	-	38
36. Offsets to Operating Expenditures (from line 15)	-	-	39
37. Net Operating Expenditures (subtract line 36 from 35) >	-	-	40

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

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)

AMERICAN FURNITURE MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. E. Roseman Jr. P O Box 1186 Conover NC 28613	C. R. Laine Co. Occupation Owner/Pres	1/29/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert L. Sligh Jr. 712 Larkwood Dr. Holland MI 49423	Sligh Furn. Occupation Chm/CEO	1/29/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Evan Williams 300 S Parkview Ave Columbus OH 43209	Franklin Intl. Occupation Pres/COO	2/19/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Bergandine 4809 Sherborne Drive Harrisburg NC 28075	Franklin Intl. Occupation VP Sales/Mkts	2/19/98	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ray Shufelt P O Box 5545 High Point NC 27262	Top Supplies Occupation Pres/CEO	2/19/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Shufelt P O Box 5545 High Point NC 27262	Top Supplies Occupation Retired	2/19/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stefan Gfesser 418 E Beech Drive Schaumburg IL 60193	Trendler Components Occupation Exec VP	2/19/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

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)

AMERICAN FURNITURE MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Diffee 1498 Lakeshire Dr Tupelo MS 38801	Brookwood Furn.	2/19/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. W. Bush 700 25th Ave NW Hickory NC 28601	Hickory Springs	2/19/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	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
Randolph Austin 415 Hillcrest Drive High Point NC 27262	Sherrill/Hickory White	2/19/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres/CEO	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard Spradlin 1400 S Sixth Street Fort Smith AR 72902	Riverside Furn.	3/3/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
Parks Underdown Jr. 949 First Street NE Hickory NC 28601	Hickory Springs	3/3/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chm Rd	Aggregate Year-to-Date > \$ 200.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. Alex Bernhardt Sr. 406 Hibriten Ave SW Lenoir NC 28645	Bernhardt Furn.	3/3/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chm/CKO	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Gfesser 156 Walnut Elmhurst IL 60126	Trendler Components	3/16/98	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Operations	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

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	OF
	FOR LINE NUMBER	

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NAME OF COMMITTEE (In Full)

AMERICAN FURNITURE MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Mittenthal 1457 Ardmoor Dr Bloomfield Hills MI 48301	Hooker Furn. Occupation Sales Rep	3/16/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Rich Bennington 4299 Weymouth Road Medina OH 44256	Hooker Furn. Occupation Sales Rep	3/16/98	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
J. Clyde Hooker Jr. 400 Plantation Rd Martinsville VA 24112	Hooker Furn. Occupation Chm/CEO	3/16/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
A. Frank Hooker Jr. 535 Stonewall Jackson Trail Martinsville VA 24112	Hooker Furn. Occupation President	3/16/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul B. Toms Jr. 205 A.P. Hill Rd Martinsville VA 24112	Hooker Furn. Occupation EVP/Mktg.	3/16/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Roy 315 Goddard Ave Brookline MA 02146	LADD Furn. Occupation Sales Rep	3/25/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Ken Church 26 West Highland Granite Falls NC 28630	LADD Uph Group Occupation President	3/25/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 6250.00

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)

AMERICAN FURNITURE MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Sherwood Boehlert c/o Alcalde & Fay 2111 Wilson Boulevard #850 Arlington VA 22201	Boehlert NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/29/98	\$ 500.00
B. Full Name, Mailing Address and ZIP Code Robb for Senate 94 Debt Retirement P O Box 1279 McLean VA 23101	Robb VA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Debt Ret.	1/29/98 3/2/98	\$ 1000.00 1000.00
C. Full Name, Mailing Address and ZIP Code Republican Senate Council 425 Second Street SE Washington DC 20002	All Rep. Senators Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/98	\$ 2500.00
D. Full Name, Mailing Address and ZIP Code Goodlatte for Congress P O Box 5871 Arlington VA 22205	Goodlatte VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/98	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Bob Etheridge for Congress Attn: Vince Frillici NDN 501 Capitol Court NE #20D Washington DC 20002	Etheridge NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/98	\$ 500.00
F. Full Name, Mailing Address and ZIP Code Coble for Congress P O Box 1177 Greensboro NC 27402	Coble NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/98	\$ 1000.00
G. Full Name, Mailing Address and ZIP Code Bordonaro for Congress 811 12th Street Paso Robles CA 93446	Bordonaro CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/2/98	\$ 250.00
H. Full Name, Mailing Address and ZIP Code The Sensenbrenner Committee P O Box 575 Brookfield WI 53008	Sensenbrenner WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/98	\$ 500.00
I. Full Name, Mailing Address and ZIP Code Citizens for Kasich 2021 East Dublin-Granville Rd Columbus OH 43229	Kasich, OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/98	\$ 2500.00

SUBTOTAL of Disbursements This Page (optional)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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PAGE 1 OF 1
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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Bob Graham 233 Constitution Ave NE Washington DC 20002	Graham FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/98	\$ 1000.00
Friends of Roy Blunt P O Box 278 Strafford MO 65757	Blunt MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/98	\$ 500.00
Hayes for Congress 102 Church Street NE Concord NC 28025	Hayes NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/19/98	\$ 500.00
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)

\$ 12250.00

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 4-6-98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>SEH</i> PREPARER	 4-8-98 DATE PREPARED