

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Nov 13 10 19 AM '97

1. NAME OF COMMITTEE (in full) Value in Electing Women Political Action Committee		2. FEC IDENTIFICATION NUMBER C00327189
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1155 21st Street, NW, Suite 300		
CITY, STATE and ZIP CODE Washington, DC 20036	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 100)	

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
6. Covering Period <u>10/01/97</u> through <u>10/31/97</u>		
8. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 65,897.42	
(c) Total Receipts (from line 19)	\$ 6,088.00	\$ 74,398.20
(d) Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)	\$ 71,177.42	\$ 74,398.20
7. Total Disbursements (from Line 30)	\$ 1,299.02	\$ 5,019.80
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 8(d))	\$ 69,378.40	\$ 69,378.40
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 E 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
Barbara W. Bonfiglio

Signature of Treasurer *Barbara W. Bonfiglio* Date 11/10/97

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 11/1/91

NAME OF COMMITTEE Value in Electing Women Political Action Committee	REPORT COVERING PERIOD	
	FROM: 10/01/97	TO: 10/31/97
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	3,500.00	38,310.00
ii. Unitemized.....	580.00	1,635.00
iii. Total.....[add i and ii] >	4,080.00	39,945.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	2,000.00	34,453.20
d. Total Contributions.....[add aiii,b and c] >	6,080.00	74,398.20
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.).....	0.00	0.00
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] >	6,080.00	74,398.20
20. Total Federal Receipts.....[subtract line 18 from line 19] >	6,080.00	74,398.20
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.....	1,799.02	5,019.80
c. Total Operating Expenditures.....[Add aii, and b] >	1,799.02	5,019.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committee and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committee (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] >	1,799.02	5,019.80
31. Total Federal Disbursements.....[Subtract line 21 aii from line 30] >	1,799.02	5,019.80
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)[from line 11d].....	6,080.00	74,398.20
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)[subtract line 33 from 32].....	6,080.00	74,398.20
35. Total Federal Operating Expenditures.....[add 21 ai and 21 bi] >	1,799.02	5,019.80
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....[subtract line 36 from 35] >	1,799.02	5,019.80

SCHEDULE A

ITEMIZED RECEIPTS

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)
 Value In Electing Women Political Action Committee

A. Full Name, Mailing Address and Zip Code Linder For Congress P.O. Box 942060 Atlanta, GA 31141	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	10/29/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
B. Full Name, Mailing Address and Zip Code Friends of Connie Morella For Congress Committee 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	10/29/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
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	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
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	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	2,000.00
TOTAL this Period (Last page this line number only).....>	2,000.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF	
	1	2
FOR LINE NUMBER		
11 a 1		

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NAME OF COMMITTEE (in full)
Vote to Electing Women Political Action Committee

A. Full Name, Mailing Address and Zip Code Suzanne Nicholson 1333 Merrie Ridge Road McLean, VA 22101	Name of Employer None	Date (Month day, Year) 10/01/97	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
B. Full Name, Mailing Address and Zip Code Christine Vaughn 1455 Pennsylvania Ave., N.W. Suite 700 Washington, DC 20004	Name of Employer Vinson & Elkins	Date (Month day, Year) 10/01/97	Amount of Each Receipt this Period 250.00
	Occupation Attorney		
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 Melissa Bennett 3300 Gentle Court Alexandria, VA 22310	Name of Employer U.S. House of Representatives	Date (Month day, Year) 10/01/97	Amount of Each Receipt this Period 250.00
	Occupation Scheduler/Office Mgr.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
D. Full Name, Mailing Address and Zip Code Dorothy Strunk 12613 Tartan Lane Ft. Washington, MD 20744	Name of Employer Self-Employed	Date (Month day, Year) 10/29/97	Amount of Each Receipt this Period 250.00
	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
E. Full Name, Mailing Address and Zip Code Suzie Brewster 15 D Street, S.E. Washington, DC 20003	Name of Employer Self-Employed	Date (Month day, Year) 10/29/97	Amount of Each Receipt this Period 250.00
	Occupation Consultant		
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 Charlene Vanler 6203A Waterway Dr. Falls Church, VA 22044	Name of Employer ABC, Inc.	Date (Month day, Year) 10/29/97	Amount of Each Receipt this Period 250.00
	Occupation VP & Washington Counsel		
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 Edwina Rogers 1008 Jarvis Court McLean, VA 22101	Name of Employer Johnson & Rogers	Date (Month day, Year) 10/29/97	Amount of Each Receipt this Period 250.00
	Occupation Attorney		
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).....> **1,750.00**

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

SCHEDULE A

ITEMIZED RECEIPTS

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)
Value in Electing Women Political Action Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Barbara Morris 2336 S. Queen Street Arlington, VA 22202	Bell Atlantic	10/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP Federal Relations	Aggregate Year-to-date > \$	250.00
Margaret Barton 1608 Commonwealth Ave. Alexandria, VA 22301	Self-Employed	10/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Political Fundraising Consultant	Aggregate Year-to-date > \$	250.00
Diane Tomb 1531n Jefferson Street Arlington, VA 22205		10/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	250.00
Richard Davis 1630 Courtland Rd Alexandria, VA 22306		10/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	250.00
David Bockorny 1101 16th St., Suite 500 Washington, DC 20036	Bergner, Bockorny, Clough & Brain, Inc.	10/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Principal	Aggregate Year-to-date > \$	250.00
Nancy Bocksor 1212 N. Vernon St. Arlington, VA 22201-4832	Self-Employed	10/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Political Consultant	Aggregate Year-to-date > \$	250.00
Craig Brightop 1317 Prince St. Alexandria, VA 22314	Nat'l Roofing Contractors Assn.	10/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Director-Govt. Relations	Aggregate Year-to-date > \$	250.00

SUB TOTAL of Receipts This Page (Optional).....>	1,750.00
TOTAL this Period (Last page this line number only).....>	3,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
21B	

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NAME OF COMMITTEE (in Full)
 Value in Electing Women Political Action Committee

A. Full Name, Mailing Address and Zip Code Bittersweet Catering 103 N. Alfred St. Alexandria, VA 22314	Purpose of Disbursement Catering - Fundraiser Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 10/16/97	Amount of Each Disb. this Period 188.30
B. Full Name, Mailing Address and Zip Code Williams & Jensen 1155 21st Street, N.W. Suite 300 Washington, DC 20036	Purpose of Disbursement Expenses/Administrative Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 10/01/97	Amount of Each Disb. this Period 763.86
C. Full Name, Mailing Address and Zip Code Williams & Jensen 1155 21st Street, N.W. Suite 300 Washington, DC 20036	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 10/24/97	Amount of Each Disb. this Period 214.36
D. Full Name, Mailing Address and Zip Code Bristol Sounds 8775-M Centre Park Drive #155 Columbia, MD 21045	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 10/29/97	Amount of Each Disb. this Period 350.00
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)..... > **1,516.52**

TOTAL this Period (Last page this line number only)..... > **1,516.52**

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 11-13-97
<input type="checkbox"/> First Class Mail	POSTMARKED
<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>SLS</i> PREPARER	 11-13-97 DATE PREPARED