

Federation of American Health Systems

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 24 11 23 AM '98

FedPac
Political Action Committee

1111 19th Street N.W.
Suite 402
Washington, DC 20036
202-833-3090

Public Records Office
Federal Election Commission
999 "E" Street, N.W.
Washington, D.C. 20463

Re: Federation of American Health Systems Political
Action Committee Report of Receipts and Disbursements

Dear Sir or Madam:

Enclosed please find the Report of Receipts and Disbursements for the period May 1, 1998, to and including May 31, 1998. The report has been duly executed by the undersigned as Treasurer of the committee.

Copies of these reports have been sent to the appropriate offices of the states in which our committee supported candidates.

Kindly acknowledge receipt of this report on the attached copy of this letter, and return same in the envelope provided. Should you have any questions, please contact Foley & Lardner, our legal counsel, at (310) 277-2223.

Very truly yours,



Sylvia Ulrich
Treasurer

cc: Secretaries of State of CT, FL, IA, IL, KY, LA, MD, OH and PA

Enclosure
253744.1

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than an Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUN 24 11 24 AM '98

1. NAME OF COMMITTEE (in full)
FEDERATION OF AMERICAN HEALTH SYSTEMS
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) Check if different than previously reported
1111 19th Street N.W., Suite 402

CITY, STATE and ZIP CODE
Washington, D.C. 20036

2. FEC IDENTIFICATION NUMBER
C00002261

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

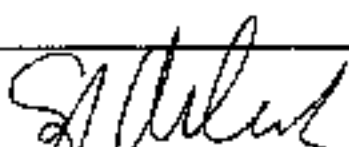
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report preceding following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? Yes No

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>5/01/98</u> through <u>5/31/98</u>		
6. (a) Cash on Hand January 1, 1998		\$ 94,812.20
(b) Cash on Hand at Beginning of Reporting Period	\$ 84,275.89	
(c) Total Receipts (from Line 19)	\$ 8,359.37	\$ 38,552.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 92,635.06	\$ 133,164.96
7. Total Disbursements (from Line 30)	\$ 15,268.22	\$ 55,798.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 77,366.84	\$ 77,366.84
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 Toll Free 800-424-9630 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: SYLVIA URlich

Signature of Treasurer: 

Date: 6/19/98

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

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/81)

NAME OF COMMITTEE Federation of American Health Systems Political Action Committee C00002261

REPORT COVERING PERIOD

FROM: 4/01/88

TO: 4/30/88

	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)	8,300.00	28,170.00
ii. Unitemized		
iii. Total	8,300.00	28,170.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		8,250.00
d. Total Contributions		37,420.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	69.37	1,132.76
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	8,359.37	38,552.76
20. Total Federal Receipts	8,359.37	38,552.76
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		
c. Total Operating Expenditures		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	15,268.22	55,798.12
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		
29. Other Disbursements		
30. Total Disbursements	15,268.22	55,798.12
31. Total Federal Disbursements	15,268.22	55,798.12
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	8,300.00	37,420.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (from line 33 from 32)	8,300.00	37,420.00
35. Total Federal Operating Expenditures	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures	-0-	-0-

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) Federation of American Health Systems Political Action Committee C00002261

A. Full Name, Mailing Address and ZIP Code David G. Anderson 5218 Apple Mill Ct. Brentwood TN 37027	Name of Employer: Columbia/HCA	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: Treasurer	5/5/98	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Nell Hamphill 707 Huckleberry Trail Nashville TN 37221	Name of Employer: Columbia/HCA	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: SVP Human Resources	6/5/98	\$ 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Aggregate Year-to-Date > \$1,500.00		
C. Full Name, Mailing Address and ZIP Code Michael Servais 353 Springmill Road Villanova PA 19085	Name of Employer: Universal Health Services	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: SVP	5/5/98	\$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code Michael A. Callahan 8318 Hampton Drive Amarillo TX 79018	Name of Employer: Universal Health Services	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: SVP	5/5/98	\$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Aggregate Year-to-Date > \$ 200.00		
E. Full Name, Mailing Address and ZIP Code Sylvia Ulrich 2500 S. W. 75th Ave Miami FL 33155	Name of Employer: Westchester Gen'l Hospital	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: President	5/5/98	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	Aggregate Year-to-Date > \$1,000.00		
F. Full Name, Mailing Address and ZIP Code Larry Grimes 6002 Lyndhurst Dr. San Angelo TX 76901	Name of Employer: Universal Health Services	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: CEO	5/7/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
G. Full Name, Mailing Address and ZIP Code Leslie Mathea 629 Trailwood Ct. Garland TX 76043	Name of Employer: Universal Health Services	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: CEO	5/11/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		

SUBTOTAL of Receipts This Page (optional)	\$ 2,800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full) Federation of American Health Systems Political Action Committee C00002261

A. Full Name, Mailing Address and ZIP Code Joseph E. "Skip" Courtney 5510 North 16th Street, Apt 4 McAllen TX 78504	Name of Employer: Universal Health Services	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: VP, Ctrl Reg'n	5/13/98	\$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
B. Full Name, Mailing Address and ZIP Code Gary Salt 6004 38th Ave. E. Bradenton FL 34208	Name of Employer: Universal Health Services	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: COO	5/13/98	\$ 200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code Jimmy D. Patton 21 Argyle Lane Oaks PA 19458	Name of Employer: Universal Health Services	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: Administrator	5/14/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
D. Full Name, Mailing Address and ZIP Code B. Ann Kuss 104 Oakmont Drive LaPlace LA 70068	Name of Employer: Universal Health Services	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: CEO/Managing Dir	5/19/98	\$ 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 Larry M. Graham 101 Wycliff Ct. Slidell LA 70461	Name of Employer: Universal Health Services	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: Hosp Adminstr/CEO	5/19/98	\$ 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
F. Full Name, Mailing Address and ZIP Code Anthony J. Tanner 2112 Swan Lake Cv. Birmingham AL 35244	Name of Employer: HealthSouth	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: EVP	5/21/98	\$2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$2,500.00		
G. Full Name, Mailing Address and ZIP Code Allan B. Miller 67 Crosby Brown Rd. Gladwyns PA 19038	Name of Employer: Universal Health Services	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: Chair, Pres & CEO	5/28/98	\$2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$2,000.00		

SUBTOTAL of Receipts This Page (optional) 5,500.00

TOTAL This Period (last page this line number only) \$8,300.00

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full) Federation of American Health Systems Political Action Committee C00002261

A. Full Name, Mailing Address and ZIP Code First Union National Bank 740 15th Street, N.W. Washington, D.C. 20005	Name of Employer: First Union National Bank	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation: Money Mkt Interest	5/30/88	59.37
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General X Other (specify): Interest Earned	Aggregate Year-to-Date > \$ 307.24		
B. 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 Other (specify):	Aggregate Year-to-Date >		
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 > \$		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	\$ 59.37

SCHEDULE B ITEMIZED DISBURSEMENTS

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) Federation of American Health Systems Political Action Committee C00002261

A. Full Name, Mailing Address and ZIP Code Lo Brasserie 239 Mass Ave NE Washington, D.C. 20002	Purpose of Disbursement: San Christopher Dodd (D-CT)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): 1998	5/5/98	\$ 534.95 in kind
B. Full Name, Mailing Address and ZIP Code Anna Northup for Congress P.O. Box 7313 Louisville KY 40267	Purpose of Disbursement: Rep. Anne Northup (R-KY-3)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 1998	5/5/98	\$1,000
C. Full Name, Mailing Address and ZIP Code Building Our Bases PAC P.O. Box 15377 New Orleans LA 70175	Purpose of Disbursement: Rep. Bob Livingston (R-LA-1)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	5/5/98	\$1,000
D. Full Name, Mailing Address and ZIP Code Gorman for Congress 661 S. Hurstbourne Pkwy; 2nd Floor Louisville KY 40222	Purpose of Disbursement: Chris Gorman (Candidate D-KY-3)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	5/5/98	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Young Repblcn Nat'l Fed Ldrshp Conf 98 310 First Street SE Washington DC 20003	Purpose of Disbursement: Young Republican Nat'l Federation	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): 1998	5/7/98	\$1,000.00
F. Full Name, Mailing Address and ZIP Code CPC PAC (Comm for Presrvtn of Capitalism) P.O. Box 22814 Alexandria VA 22304	Purpose of Disbursement: Rep. Jim McCrory (R-LA-4)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): 1998	5/7/98	\$1,000.00
G. Full Name, Mailing Address and ZIP Code People for English Committee P.O. Box 1940 Erie PA 16507	Purpose of Disbursement: Rep. Phil English (R-PA-21)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	5/13/98	\$1,000.00
H. Full Name, Mailing Address and ZIP Code La Brasserie ON THE HILL 239 Mass Ave. NE Washington DC 20032	Purpose of Disbursement: Rep. J. Dennis Hastert	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 1998	5/14/98	\$ 415.80 in kind
I. Full Name, Mailing Address and ZIP Code Bill McCollum for Congress c/o Roger Sovine BMO 10 Music Square East Nashville TN 37203	Purpose of Disbursement: Rep. Bill McCollum	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	5/14/98	\$1,000.00

SUBTOTAL of Disbursements This Page (optional) \$7450.65

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 23

Any information omitted 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) Federation of American Health Systems Political Action Committee C00002261

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Candidate Peter Fiorio	Date (month, day, year)	Amount of Each Disbursement this Period
W. Miller & Co. 1935 14th Street NW Washington, D.C. 20005	Disbursement for: Primary <input type="checkbox"/> General	6/15/98	\$ 117.57 (in kind)
	Other (specify):		
B. Full Name, Mailing Address and ZIP Code Braun for U.S. Senate 47 West Polk St., Suite 100, Box 230 Chicago IL 60605	Purpose of Disbursement: Sen. Carol Moseley-Braun	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary <input checked="" type="checkbox"/> General 1998	5/15/98	\$1,000
C. Full Name, Mailing Address and ZIP Code Citizens for Bunning 1717 Dixie Highway Ft. Wright KY 41011	Purpose of Disbursement: Rep. Jim Bunning	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): 1998	5/20/98	\$2,000
D. Full Name, Mailing Address and ZIP Code Republican Senate Council/Natl Republican Senatorial Committee/ 425 Second St. NE Washington DC 20002	Purpose of Disbursement: '98 Membership (Candidate D-KY-3)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Re-issue of check 5124 which was lost in the mail	5/20/98	\$15,000.00
E. Full Name, Mailing Address and ZIP Code Gressley Committee, Inc. P.O. Box 6193 Alexandria VA 22306	Purp of Disbursement: Sen Charles E. Gressley (R-IA)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): 1998	6/29/98	\$1,000.00
F. Full Name, Mailing Address and ZIP Code The Freedom Project 1111 C St. SE, Lower Unit Washington DC 20003	Purpose of Disbursement: Rep. John Boehner (R-OH-8)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary <input type="checkbox"/> <input checked="" type="checkbox"/> General Other (specify): 1998	6/29/98	\$1,500.00
G. Full Name, Mailing Address and ZIP Code Cardin for Congress 36 Ivy St., SE Washington DC 20003	Purpose of Disbursement: Rep. Ben Cardin (D-MD-3)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): 1998	5/29/98	\$ 500.00
H. Full Name, Mailing Address and ZIP Code Thurman for Congress 3610 38th NW #F270 Washington DC 20015	Purpose of Disbursement: Rep. Karen L. Thurman (D-FL-6)	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify): 1998	5/29/98	\$ 700.00
I. Full Name, Mailing Address and ZIP Code Citizens for Kasich 2021 E. Dublin Granville Rd, Ste 215 Columbus OH 43229	Purpose of Disbursement: Rep. John Kasich	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: Primary <input type="checkbox"/> <input checked="" type="checkbox"/> General Other (specify): 1998	5/29/98	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$7817.57
TOTAL This Period (last page this line number only)	\$ 15,268.22

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 6-19-98
<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>SM</i> PREPARER	 6-24-98 DATE PREPARED