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June 28, 1995

AIRBORNE EXPRESS
Federal Election Commission
999 E. Street, N.W.
Washington, DC 20463

Re: **MAH MAH NO WI NO MIN II**
Identification number: **C00279133**

To Whom it May Concern:

Enclosed is a Report of Receipts and Disbursements for the period 01/01/94 to 03/31/94 for the above. This report is filed at this time in response to correspondence received from Mr. John D. Gibson, Assistant Staff Director, Reports Analysis Division of the Federal Election Commission.

Please note, all previous reports were inadvertently filed under the name MAH MAH WI NO MIN II with the identification number C00285239. All future reports and future amendments will be filed as indicated above.

Please do not hesitate to call should you have any questions.

Very truly yours,

SCHATZ PAQUIN
LOCKRIDGE GRINDAL & HOLSTEIN P.L.L.C.

Billie Zippel
Billie Zippel

WLZ\mdw
Enclosure

0074860

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

JUN 23 10 41 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In Full) MAH MAH NC WI NO MIN II	2. FEC IDENTIFICATION NUMBER C00279133
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported HCR 67 BOX 194	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE ONAMLA, NY 56359	

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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 <u>01/01/94</u> through <u>03/31/94</u>		
6. (a) Cash on Hand January 1, 1994	\$	3390.05
(b) Cash on Hand at Beginning of Reporting Period	\$ 3390.05	
(c) Total Receipts (from line 10)	\$ 9250.00	\$ 9250.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 12640.05	\$ 12640.05
7. Total Disbursements (from Line 30)	\$ -0-	\$ -0-
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12640.05	\$ 12640.05
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 989 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)	\$ 708.43	
I verify 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 WILMA L. ZIPPEL, ASSISTANT TREASURER		Date
Signature of Treasurer 	06/28/94	

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

2025 RELEASE UNDER E.O. 14176

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

[revised 1/1/91]

NAME OF COMMITTEE/RENAS NO WI HO NOM II		REPORT COVERING PERIOD	
		FROM 01/01/94	TO 03/31/94
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
I. Itemized (use Schedule A)		8250.00	8250.00
II. Unitemized		-0-	-0-
III. Total (add I and II)		8250.00	8250.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions (add a II, b and c)		8250.00	8250.00
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)		-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 16, 17, and 18)		9250.00	9250.00
20. Total Federal Receipts (subtract line 18 from line 19)		9250.00	9250.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
I. Federal Share		-0-	-0-
II. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures		-0-	-0-
c. Total Operating Expenditures (Add a I, a II, and b)		-0-	-0-
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		-0-	-0-
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds (Add a, b and c)		-0-	-0-
29. Other Disbursements		-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		-0-	-0-
31. Total Federal Disbursements (subtract line 21 a II from line 30)		-0-	-0-
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		8250.00	8250.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		8250.00	8250.00
35. Total Federal Operating Expenditures (add 21 a I and 21 b)		-0-	-0-
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35)		-0-	-0-

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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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 MAX MAH NO WI NO MIN LI

FEC ID No. C00279133

A. Full Name, Mailing Address and ZIP Code SCOTT & ELAINE JENSEN ROUTE 1, BOX 353 HINCKLEY, MN 55037	Name of Employer JENSEN SACKICE SERVICE	Date (month, day, year) 02/09/94	Amount of Each Receipt this Period 250.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DINNER Receipt for: \$ 250.00	
B. Full Name, Mailing Address and ZIP Code ROBERT E. GOFF COLEMAN & CHRISTESON PROF BL 545 FORT ROAD ST. PAUL, MN 55102	Name of Employer GOFF-WILKE	Date (month, day, year) 02/18/94	Amount of Each Receipt this Period 500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PARTNER P.R. Receipt for: \$ 500.00	
C. Full Name, Mailing Address and ZIP Code MR. & MRS. DENNIS PINZ 1515 - 410TH STREET ISLE, MN 56342	Name of Employer PINZ SOG & GRAVEL	Date (month, day, year) 01/18/94	Amount of Each Receipt this Period 500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNERS Receipt for: \$ 500.00	
D. Full Name, Mailing Address and ZIP Code BRIAN R. HANSON & JEAN L. KREGER 4779 LAKE AVENUE NORTH WHITE BEAR LAKE, MN 55110	Name of Employer	Date (month, day, year) 02/23/94	Amount of Each Receipt this Period 500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Receipt for: \$ 500.00	
E. Full Name, Mailing Address and ZIP Code CLAYTON P. QUAST 13991 COUNTY ROAD 26, S.E. BRAINERD, MN 56401	Name of Employer CLAY'S ELECTRIC	Date (month, day, year) 02/23/94	Amount of Each Receipt this Period 500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER Receipt for: \$ 500.00	
F. Full Name, Mailing Address and ZIP Code STEINRECHER PAINTING 34725 AURIE STREET N.W. PRINCETON, MN 55371	Name of Employer NA	Date (month, day, year) 02/24/94	Amount of Each Receipt this Period 500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NA Receipt for: \$ 500.00	
G. Full Name, Mailing Address and ZIP Code VANCE K. OPPERMAN 610 OPPERMAN DRIVE P.O. BOX 64526 ST. PAUL, MN 55164-0526	Name of Employer WEST PUBLISHING COMPANY	Date (month, day, year) 01/24/94	Amount of Each Receipt this Period 500.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT Receipt for: \$ 500.00	

SUBTOTAL of Receipts This Page (optional)	3250.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 MAH MAH NO WI NO MIN II

FEC ID No. C00279133

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR & MRS KATHLEEN SETZLER RURAL ROUTE 1, BOX 159 DEERWOOD, MN 56444	A FOOD DISTRIBUTOR	02/24/94	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SALESPERSON	Aggreg. Yr-Totl: <input checked="" type="checkbox"/> \$ 500.00	
B. Full Name, Mailing Address and ZIP Code GERRY SIKORSKI 1301 K STREET, N.W. #650 WASHINGTON, D.C. 20005	Name of Employer SCHATZ PAQUIN LOCKRIDGE GRINDAL & HOLSTEIN P.L.L.P.	Date (month, day, year) 02/24/94	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggreg. Yr-Totl: <input checked="" type="checkbox"/> \$ 500.00	
C. Full Name, Mailing Address and ZIP Code H. THEODORE GRINDAL 100 WASHINGTON AVE., SO. #2200 MINNEAPOLIS, MN 55401	Name of Employer SCHATZ PAQUIN LOCKRIDGE GRINDAL & HOLSTEIN P.L.L.P.	Date (month, day, year) 02/24/94	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggreg. Yr-Totl: <input checked="" type="checkbox"/> \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code R. J. SMILEY R.C. 1, BOX 163 GARRISON, MN 56450	Name of Employer GOLF RESORT PRO SHOP	Date (month, day, year) 02/24/94	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggreg. Yr-Totl: <input checked="" type="checkbox"/> \$ 500.00	
E. Full Name, Mailing Address and ZIP Code DAVID BENILEY RCR 67, BOX 104 ONAMIA, MN 56359	Name of Employer LAKE MILLE LACS RESORT	Date (month, day, year) 02/24/94	Amount of Each Receipt this Period 1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER	Aggreg. Yr-Totl: <input checked="" type="checkbox"/> \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code STEVEN LAIBLE 3146 BROOKSHIRE LANE NEW BRIGHTON, MN 55112	Name of Employer KEMG	Date (month, day, year) 02/24/94	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MANAGING PARTNER	Aggreg. Yr-Totl: <input checked="" type="checkbox"/> \$ 500.00	
G. Full Name, Mailing Address and ZIP Code JOEL C. MAURER 10 SOUTH FIFTH STREET MINNEAPOLIS, MN 55402	Name of Employer ATTORNEY AT LAW	Date (month, day, year) 03/01/94	Amount of Each Receipt this Period 500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	Aggreg. Yr-Totl: <input checked="" type="checkbox"/> \$ 500.00	

SUBTOTAL of Receipts This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

30 1 5 7 7 3

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page	PAGE 3	OF 3
		FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)
 MAH MAH NO WI NO MIN II

FEC ID No. C00219133

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STANLEY M. TAUBE 13705 - 1ST AVENUE NORTE PLYMOUTH, MN 55441	GRAND CASINO, INC.	03/18/94	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OWNER		
	Aggregate Total <input checked="" type="checkbox"/> \$	500.00	
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 <input type="checkbox"/> Other (specify):	Aggregate Total <input type="checkbox"/> \$		
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 Total <input type="checkbox"/> \$		
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 Total <input type="checkbox"/> \$		
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 Total <input type="checkbox"/> \$		
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 Total <input type="checkbox"/> \$		
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 Total <input type="checkbox"/> \$		

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	8250.00

11774

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 purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
 MAY MAH NO WI NO MIN II

FEC ID No. C00279133

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A LOT OF PEOPLE SUPPORTING TOM DASACHE SH - 317 HART SENATE OFF. BLD WASHINGTON, DC 20516-4103	US SENATE	03/18/94	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): CONTRIB REFUND	Occupation US SENATOR	Aggregate Year-To-Date > \$ 1000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	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):	Occupation	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
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date > \$	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	1000.00

33037310775

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (In Full) MAH MAH NO WI NO MIN IT	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor IZATYS GOLF & YACHT CLUB 40005 85TH AVENUE DNAMIA, MN 56359	-0-	708.43	-0-	708.43
Nature of Debt (Purpose): FUNDRAISER				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				708.43
2) TOTALS This Period (last page in this line only)				708.43
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				708.43

1503701176

**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 <i>6-29-95</i>
<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
<i>Stb.</i>	<i>6-29-95</i>
PREPARER	DATE PREPARED

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