

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

C00046995 060297
EUGENE PEARSON TREAS.
LOUIS STOKES FOR CONGRESS COMM
ITTEE
P.O. BOX 99358
CLEVELAND OH 44199 JT

2. FEC IDENTIFICATION NUMBER
3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

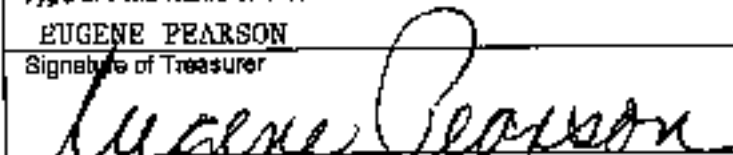
- April 15 Quarterly Report 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- July 15 Quarterly Report 30-Day Post-Election Report for the _____ (Type of Election) election on _____ in the State of _____
- October 15 Quarterly Report
- January 31 Year End Report Termination Report
- July 31 Mid-Year Report (Non-election Year Only)

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

6. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1/1/97 through 6/30/97		
8. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	30,950.00	30,950.00
(b) Total Contribution Refunds (from Line 20(d))	1,500.00	1,500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 8(a))	29,450.00	29,450.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	62,519.17	62,519.17
(b) Total Offsets to Operating Expenditures (from Line 14)	568.67	568.67
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	61,950.50	61,950.50
8. Cash on Hand at Close of Reporting Period (from Line 27)	167,536.02	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-8420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-0-	
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
EUGENE PEARSON
Signature of Treasurer  Date
7/30/97

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

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DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (In full) LOUIS STOKES FOR CONGRESS COMMITTEE C00046995		Report Covering the Period	
		From: 1/1/97	To: 6/30/97
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)		10,750.00	
(ii) Unitemized		700.00	
(iii) Total of contributions from individuals		11,450.00	11,450.00
(b) Political Party Committees		-0-	-0-
(c) Other Political Committees (such as PACs)		19,500.00	19,500.00
(d) The Candidate		-0-	-0-
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		30,950.00	30,950.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		-0-	-0-
13. LOANS:			
(a) Made or Guaranteed by the Candidate		-0-	-0-
(b) All Other Loans		25,000.00	25,000.00
(c) TOTAL LOANS (add 13(a) and (b))		25,000.00	25,000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		568.67	568.67
15. OTHER RECEIPTS (Dividends, Interest, etc.)		4,330.69	4,330.69
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		60,849.36	60,849.36
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		62,519.17	62,519.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		-0-	-0-
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate		-0-	-0-
(b) Of All Other Loans		25,000.00	25,000.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		25,000.00	25,000.00
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees		-0-	-0-
(b) Political Party Committees		-0-	-0-
(c) Other Political Committees (such as PACs)		1,500.00	1,500.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		1,500.00	1,500.00
21. OTHER DISBURSEMENTS		1,700.00	1,700.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		90,719.17	90,719.17
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 197,405.83	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 60,849.36	
25. SUBTOTAL (add Line 23 and Line 24)		\$ 258,255.19	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$ 90,719.17	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$ 167,536.02	

LOANS

Name of Committee (In Full) LOUIS STOKES FOR CONGRESS COMMITTEE		GOOD46995		
A. Full Name, Mailing Address and ZIP Code of Loan Source Third Federal Savings 1132 Euclid Avenue Cleveland, OH 44115 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan 25,000.00	Cumulative Payment To Date 25,322.50	Balance Outstanding at Close of This Period -0-
Terms: Date Incurred <u>4/8/97</u> Date Due <u>NONE</u> Interest Rate <u>7.240</u> % (apr) <input checked="" type="checkbox"/> Secured		List All Endorsers or Guarantors (if any) to Item A		
1. Full Name, Mailing Address and ZIP Code N/A		Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code				
3. Full Name, Mailing Address and ZIP Code				
B. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured		List All Endorsers or Guarantors (if any) to Item B		
1. Full Name, Mailing Address and ZIP Code		Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code				
3. Full Name, Mailing Address and ZIP Code				
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)		-0-		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 22
FOR LINE NUMBER 11a

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 committees.

NAME OF COMMITTEE (In Full)

LOUIS STOKES FOR CONGRESS COMMITTEE

C00046995

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Gordon Cavanaugh 601 Pennsylvania Ave., NW, #800 South Wash., DC 20004-2612	Reno, Cavanaugh, PLLC	5/21/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Dr. Marvin Fisk 12800 Shaker Blvd. Cleve., OH 44120	Cleveland Neighborhood Health Services, Inc.	5.29/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dentist Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Earl Hilliard, Jr. 830 Westview Dr., SW Atlanta, GA 30314-3733	Morhouse College	6/3/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir., Gov't. Relations Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Dennis E. Eckart 6315 Evermay Dr. McLean, VA 22101-2309	Arter & Badden	6/10/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Attorney Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code H. Stewart Van Scoyoc 131 Yarnick Rd. Great Falls, VA 22066	Van Scoyoc Associates	6/10/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Robert M. McGlotten 5904 Denlee Dr. Clinton, MD 20735	McGlotten & Jarvis	6/10/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Lobbyist Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Virginia Ainslie 3812 North 6th Rd. Arlington, VA 22203	Self-Employed	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Technical Consultant Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

2,750.00

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 5 OF 22
FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

LOUIS STOKES FOR CONGRESS COMMITTEE

C00046995

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee E. Mobroe 1014 Wind Ridge Dr. Duncanville, TX 75137-3726	Paul Quinn College	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
Talbert O. Shaw 9400 Owls Nest Dr. Raleigh, NC 27613	Shaw University	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. Patrick Swygert 3119 Arizona Ave., NW Wash., DC 20016	Howard University	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
Thomas W. Cole, Jr. 691 Beckwith St., SW Atlanta, GA 30314	Clark Atlanta University	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	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
James P. Rowan 73 Andrew Road East Boston, MA 92128	Cassidy & Associates	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	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
William A. Blakey 1101 Vermont Ave., NW, #400 Wash., DC 20005	Dean, Blakey & Moskowitz	6/20/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
Arnold Mitchem 1025 Vermont Ave., NW, #900 Wash., DC 20005	Nat'l Council of Educational Opportunity Associations	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Administrator	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 6,250.00

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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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

LOUIS STOKES FOR CONGRESS COMMITTEE

C00046995

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Reginald E. Gilliam 10705 Regency Forest Dr. Vienna, VA 22181	Hill & Knowlton	6/10/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code David J. Lipins 3495 Shannon Rd. Cleveland Hts., OH 44118	Shady Lawn Nursing Home & Retirement Center	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Dale P. Dirks 597 Capitol Court, NW, #200 Wash., DC 20002	Health & Medicine Counsel of Washington	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Marilyn Thompson 777 Brickell Ave., #500 Miami, FL 33131	Jorden, Burt, Berenson & Johnson LLP	6/10/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Gerald S. J. Cassidy 700 - 13th St., NW, #400 Wash., DC 20005	Cassidy & Associates	6/10/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code James V. Stanton 1310 - 19th St., NW Wash., DC 20036	Stanton & Associates	6/20/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	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
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)

TOTAL This Period (last page this line number only)

10,750.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

LOUIS STOKES FOR CONGRESS COMMITTEE

C00046995

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Banc One PAC 100 E. Broad St. Columbus, OH 43271-0251	N/A	4/23/97	1,500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Committee on Political Action of the American Postal Workers Union, AFL-CIO 1300 L. St., NW Wash., DC 20005	N/A	5/21/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Transportation Political Education League 14600 Detroit Ave. Cleve., OH 44107	N/A	5/23/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
American Podiatric Medical Assoc. PAC 9312 Old Georgetown Rd. Bethesda, MD 20814-1698	N/A	6/5/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
NEA PAC 1201 - 16th St., NW Wash., DC 20036	N/A	6/5/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
American Crystal Sugar PAC 101 North Third St. Moorhead, MN 56560	N/A	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Pharmaceutical Research & Manufacturers of America Better Government Committee 1100 - 15th St., NW Wash., DC 20005	N/A	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00

SUBTOTAL of Receipts This Page (optional) 5,000.00

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 8 OF 22

FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)
LOUIS STOKES FOR CONGRESS COMMITTEE

C00046995

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florida Sugar Cane PAC 115 South Lopez St. Clewiston, FL 33440	N/A	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
American Sugar Cane League PAC P. O. Drawer 938 Thibodaux, LA 70302	N/A	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Holland & Knight Committee for Effective Government 2100 Pennsylvania Ave, NW, #400 Wash., DC 20037	N/A	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Reid & Priest PAC 701 Pennsylvania Ave, NW, #800 Wash., DC 20004	N/A	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
America Dental PAC 1111 - 14th St., NW, #1100 Wash., DC 20005	N/A	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Southern Minnesota Sugar Cooperative PAC, RR2, Box 240 Hector, MN 55342	N/A	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Committee for Thorough Agricultural Political Education of the Assoc. of Milk Producers P. O. Box 5288 Arlington, TX 76005-5288	N/A	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00

SUBTOTAL of Receipts This Page (optional) 8,500.00

TOTAL This Period (last page this line number only) 8,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)

LOUIS STORES FOR CONGRESS COMMITTEE

C00046995

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
General Electric Co. PAC 1299 Pennsylvania Ave., NW., #1100 Wash., DC 20004	N/A	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Lucent Technologies PAC 900 - 19th St., NW, #700 Wash., DC 20006	N/A	6/10/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HILLPAC 901 - 13th St., NW Wash., DC 20007	N/A	6/10/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Seafarers Political Activity Donation 5201 Auth Way Camp Springs, MD 20746	N/A	6/10/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
I.B.E.W. - C.O.P.E. 1125 - 15th St., NW Wash., DC 20005	N/A	6/10/97	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	1,000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National City Corp. PAC 1900 E. 9th St. Cleve., OH 44114-3484	N/A	6/11/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Boeing PAC P. O. Box 3707 Seattle, WA 98124	N/A	6/16/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00

SUBTOTAL of Receipts This Page (optional) 13,500.00

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 10 OF 22
FOR LINE NUMBER 11c

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)

LOUIS STOKES FOR CONGRESS COMMITTEE

000046995

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MDRFAC 1125 - 15th St., NW, #700 Wash., DC 20005	N/A	6/17/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Engineers PEC 1125 - 17th St., NW Wash., DC 20036	N/A	6/20/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Electronic Data Systems Employees PAC 1331 Pennsylvania Ave., NW, #1300 North Wash., DC 20004	N/A	6/20/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
WATERFAC 2915 E. 13th St. Duncan, OK 73533	N/A	6/20/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
Credit Union Legislative Action Council 805 - 15th St., NW, #300 Wash., DC 20005-2207	N/A	6/25/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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
APSCHE PEOPLE 1625 L St., NW Wash., DC 20036	N/A	6/27/97	2,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	2,500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Title Industry PAC 1828 L St., NW, #705 Wash., DC 20036	N/A	6/27/97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	500.00

SUBTOTAL of Receipts This Page (optional) 19,000.00

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 **11** OF **22**
FOR LINE NUMBER **11c**

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NAME OF COMMITTEE (in Full)

LOUIS STOKES FOR CONGRESS COMMITTEE

000046995

A. Full Name, Mailing Address and ZIP Code McDonnell Douglas Employees PAC 1735 Jefferson Davis Hwy., #1200 Arlington, VA 22202 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 6/27/97 500.00	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

19,500.00

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)

LOUIS STOKES FOR CONGRESS COMMITTEE

C00046995

A. Full Name, Mailing Address and ZIP Code Third Federal Savings 1132 Euclid Ave. Cleve., OH 44115 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N/A Occupation Aggregate Year-to-Date > \$ 25,000.00	Date (month, day, year) 4/8/97	Amount of Each Receipt this Period 25,000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	25,000.00

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)

LOUIS STOKES FOR CONGRESS COMMITTEE

C00046995

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AmeriTech 225 W. Randolph St., Floor 16E Chicago, IL 60606	N/A	4/14/97	482.64
	Occupation	4/14/97	86.03
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		568.67
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):	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):	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):	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):	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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

568.67

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 14 OF 22
FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)

LOUIS STOKES FOR CONGRESS COMMITTEE

C00046995

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KeyBank National P. O. Box 09216 Cleve., OH 44191 (INTEREST)	N/A	1/31/97	8.40
	Occupation	2/28/97	7.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	3/31/97	4.98
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
" "	" "	4/30/97	1.25
	Occupation	5/30/97	1.29
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date	6/30/97	8.07
Aggregate Year-to-Date > \$ 31.59			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National City Bank P. O. Box 6766 Cleve., OH 44114 (INTEREST)	N/A	2/1/97	1,269.54
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		1,301.13
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
Bank One 600 Superior Ave. Cleve., OH 44114 (INTEREST)	N/A	3/4/97	1,376.04
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		2,677.17
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
Third Federal Savings 1132 Euclid Ave. Cleve., OH 44115 (INTEREST)	N/A	3/11/97	807.72
		6/11/97	836.33
		6/12/97	9.47
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date		4,330.69
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):	Aggregate Year-to-Date		
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):	Aggregate Year-to-Date		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

4,330.69

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 15 OF 22
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full) LODIS STORES FOR CONGRESS COMMITTEE	Code 00046995
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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
Cleveland Postmaster 3695 Green Rd. Beachwood, OH 44122	Postage	1/6/97	160.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/24/97	655.10
	<input type="checkbox"/> Other (specify)	4/18/97 4/30/97	191.31 136.00
B. Full Name, Mailing Address and ZIP Code Hertz Car Rental Cleveland Hopkins Airport Cleve., OH 44135	Purpose of Disbursement Car for candidate	1/10/97	Amount of Each Disbursement This Period 229.19
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/11/97	274.93
	<input type="checkbox"/> Other (specify)	3/6/97	162.17
C. Full Name, Mailing Address and ZIP Code Joanne White 6423 Whitwell Court Ft. Washington, MD 20744	Purpose of Disbursement Salary	1/10/97	Amount of Each Disbursement This Period 100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/11/97	100.00
	<input type="checkbox"/> Other (specify)	3/6/97	100.00
D. Full Name, Mailing Address and ZIP Code " "	Purpose of Disbursement "	4/11/97	Amount of Each Disbursement This Period 100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	5/9/97	100.00
	<input type="checkbox"/> Other (specify)	6/11/97	100.00
E. Full Name, Mailing Address and ZIP Code KeyBank National 3370 Warrensville Ctr. Rd. Shaker Hts., OH 44122	Purpose of Disbursement 1st & 2nd Qtr. 941 taxes & '96 Income Tax	1/13/97	Amount of Each Disbursement This Period 413.93
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/13/97	413.93
	<input type="checkbox"/> Other (specify)	3/14/97	413.93
F. Full Name, Mailing Address and ZIP Code " "	Purpose of Disbursement "	3/14/97	Amount of Each Disbursement This Period 1,282.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/11/97	413.93
	<input type="checkbox"/> Other (specify)	5/14/97	413.93
G. Full Name, Mailing Address and ZIP Code Holiday Inn Capitol 550 C St., SW Wash., DC 20024	Purpose of Disbursement Constituent Luncheon	1/17/94	Amount of Each Disbursement This Period 3,079.15
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code The Cleveland Play House 8500 Euclid Ave. Cleve., OH 44106	Purpose of Disbursement Lunch & dinner Mtgs. & Subscription	1/24/97	Amount of Each Disbursement This Period 245.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/16/97	363.75
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code AmeriTech P. O. Box 84000 Columbus, OH 43284-0001	Purpose of Disbursement Telephone services	1/24/97	Amount of Each Disbursement This Period 262.52
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/16/97	340.59
	<input type="checkbox"/> Other (specify)	5/21/97	253.05

SUBTOTAL of Disbursements This Page (optional)	10,718.34
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

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)			
LOUIS STOKES FOR CONGRESS COMMITTEE		C00046995	
A. Full Name, Mailing Address and ZIP Code CGA-Division of Taxation P. O. Box 94823 Cleve., OH 44101-4823	Purpose of Disbursement 4th & 1st Qtr. Withholding	Date (month, day, year) 1/31/97	Amount of Each Disbursement This Period 101.63
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/97	101.63
B. Full Name, Mailing Address and ZIP Code Louis Stokes 2365 Rayburn HOB Wash., DC 20515	Purpose of Disbursement Donations Y.M. Taylor Scholarship L. Clay, cab fares & tips	Date (month, day, year) 1/31/97	Amount of Each Disbursement This Period 100.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) & parking	3/3/97	144.60
		4/11/97	100.00
C. Full Name, Mailing Address and ZIP Code Anna Chatman 3475 E. 140th St. Cleve., OH 44120	Purpose of Disbursement Salary	Date (month, day, year) 1/31/97	Amount of Each Disbursement This Period 978.84
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/97	978.84
		4/4/97	978.84
D. Full Name, Mailing Address and ZIP Code " "	Purpose of Disbursement "	Date (month, day, year) 4/30/97	Amount of Each Disbursement This Period 978.84
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/97	978.84
E. Full Name, Mailing Address and ZIP Code Jewell Gilbert 13305 Cranwood Pk. Blvd. Garfield Hts, OH 44125	Purpose of Disbursement Salary	Date (month, day, year) 1/31/97	Amount of Each Disbursement This Period 200.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/28/97	200.00
		4/4/97	200.00
F. Full Name, Mailing Address and ZIP Code " "	Purpose of Disbursement "	Date (month, day, year) 4/30/97	Amount of Each Disbursement This Period 200.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/97	200.00
G. Full Name, Mailing Address and ZIP Code The City Club 850 Euclid Ave. Cleve., OH 44114	Purpose of Disbursement Membership & Tickets/ Luncheon forums	Date (month, day, year) 2/6/97	Amount of Each Disbursement This Period 340.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/21/97	140.00
		3/24/97	15.00
H. Full Name, Mailing Address and ZIP Code CATO B222 Longworth HOB Wash., DC 20515	Purpose of Disbursement Air fares	Date (month, day, year) 2/11/97	Amount of Each Disbursement This Period 3,144.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/97	546.50
		5/9/97	5,664.00
		6/11/97	733.00
I. Full Name, Mailing Address and ZIP Code VideoFile 12914 Broadway Ave. Cleve., OH 44125	Purpose of Disbursement Video tapes of news segments	Date (month, day, year) 2/11/97	Amount of Each Disbursement This Period 657.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/7/97	1,150.25
SUBTOTAL of Disbursements This Page (optional)			29,550.15
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

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NAME OF COMMITTEE (in Full)

LOUIS STOKES FOR CONGRESS COMMITTEE

000046995

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capitol Hill Art & Frame 623 Pennsylvania Ave., SE Wash., DC 20003	Framing & Matting Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/97	311.17
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PETTY CASH	Breakfast mtg., postage, ticket, shipping fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/97 3/7/97	100.00 100.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Democratic Club 30 Ivy St., SE Wash., DC 20003-4071	Banquet charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/13/97	847.26
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cleveland I Limited Partnership 3645 Warrensville Ctr. Rd., #224 Shaker Hts., OH 44122	Rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/13/97 2/28/97 4/4/97	500.00 500.00 500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
" "	" "	4/30/97 6/13/97	500.00 500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bipartisan Congressional Retreat 316 Pennsylvania Ave., SE, #403 Wash., DC 20003-1146	Registration & Hotel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/13/97	318.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Black Professional Association & Charitable Fdn., P.O. Box 99036 Cleve., OH 44199	Table/Annual Awards Dinner Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/14/97	900.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United Parcel Service P. O. Box 505820 Ten Lakes, NV 88905-5820	Shipping fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/18/97	769.25
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brothers Printing Co. 2000 Euclid Ave. Cleve., OH 44115	Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/97	6,556.86

SUBTOTAL of Disbursements This Page (optional)

41,952.69

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 18 OF 22

FOR LINE NUMBER

17

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NAME OF COMMITTEE (In Full)

LOUIS STOKES FOR CONGRESS COMMITTEE

C00046995

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Jacquelyn Jenkins 2291 E. 103rd St. Cleve., OH 44106	Mileage & Parking	3/19/97	108.30
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/97	126.25
B. Full Name, Mailing Address and ZIP Code Skinner Farm Leadership Institute P. O. Box 90560 Wash., DC 20077-7619	Purpose of Disbursement Donation	4/11/97	500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Brunswick & Son Florist 10550 Carnegie Ave. Cleve., OH 44106	Purpose of Disbursement Flowers	4/16/97	427.85
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code BJS Productions 11707 Cromwell Ave. Cleve., OH 44120	Purpose of Disbursement Photos	4/21/97	450.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/6/97	550.00
E. Full Name, Mailing Address and ZIP Code Rodney L. Brown Photography P. O. Box 957 Shaker, Hts., OH 44120	Purpose of Disbursement Photos	4/21/97	510.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code The Dodd Company 2077 E. 30th St. Cleve., OH 44115	Purpose of Disbursement Tribute folders	4/21/97	310.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code Campaign Services Group 1300 North 17th St., #1300 Arlington, VA 22209	Purpose of Disbursement 1st & 2nd half fee plus postage 6/10/97 fundraiser	4/21/97	2,842.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/97	2,250.00
H. Full Name, Mailing Address and ZIP Code Hyde Park Chop House 123 Prospect Ave. Cleve., OH 44115	Purpose of Disbursement Dinner Meeting	5/9/97	576.69
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Brian Thompson 40 E. Clinton Ave.	Purpose of Disbursement Auto rental, parking & tips	5/6/97	242.81
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

50,846.59

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 19 OF 22
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

LOUIS STOKES FOR CONGRESS COMMITTEE

CD0046995

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Renaissance Cleveland 24 Public Square Cleve., OH 44113	Hotel accommodations for candidate & family Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/97	5,081.59
Bruce Harris 205 Pepper Tree Lane Stafford, VA 22554	Entertainment for 6/10/97 fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/97	675.00
Third Federal Savings 1132 Euclid Ave. Cleve., OH 44115	Interest Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/97	322.50
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)	56,925.68

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **20** OF **22**
FOR LINE NUMBER
19b

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NAME OF COMMITTEE (in Full)

LOUIS STOKES FOR CONGRESS COMMITTEE

000046995

A. 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
Third Federal Savings 1132 Euclid Ave., Cleve., OH 44115	Loan Repayment	6/12/97	25,000.00
B. 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
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)

25,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 21 OF 22
FOR LINE NUMBER 20c

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NAME OF COMMITTEE (in Full)

LOUIS STOKES FOR CONGRESS COMMITTEE

CD0046995

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Banc One PAC 100 E. Broad St. Columbus, OH 43271-0131	Contribution refund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/24/97	1,500.00
B. 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
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)	1,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 22 OF 22
FOR LINE NUMBER 21

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NAME OF COMMITTEE (in Full) LOUIS STOKES FOR CONGRESS COMMITTEE	C00046995
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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 Roosevelt Coats 1109 E. 141st St. Cleve., OH 44110	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/97	1,000.00
B. Full Name, Mailing Address and ZIP Code Citizens for Longo 11112 Edgepark Dr. Garfield Hts., OH 44125	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/7/97	100.00
C. Full Name, Mailing Address and ZIP Code Friends of Robert J. White, III 3760 E. 126th St. Cleve., OH 44105	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/2/97	100.00
D. Full Name, Mailing Address and ZIP Code Election Fund for William Payne Riverfront Plaza P. O. Box 20D143 Newark, NJ 07101-0303	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/14/97	500.00
E. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	1,700.00

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) LOUIS STOKES FOR CONGRESS COMMITTEE		FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND 1132 EUCLID AVENUE CLEVELAND, OHIO 44115		AMOUNT OF LOAN \$25,000.00	INTEREST RATE (APR) 7.240
		DATE INCURRED OR ESTABLISHED April 8, 1997	DATE DUE

A. Has loan been restructured? No Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: CERTIFICATE OF DEPOSIT #175000047

What is the value of this collateral? \$63,321.87

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

No Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER

TYPED NAME EUGENE PEARSON

SIGNATURE 

DATE

4/8/97

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

i. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

ii. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

iii. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE

MARY GARRISON

TYPED NAME

SIGNATURE 

TITLE

Branch Manager

DATE

4/8/97

**THIRD FEDERAL SAVINGS AND LOAN
ASSOCIATION OF CLEVELAND**

STRONG * STABLE * SAFE

DEMAND NOTE

LOAN NUMBER: 174000149

DATE: APR 29, 1997

BRANCH: DOWNTOWN

On demand, for value received, the undersigned Borrower(s) jointly and severally promise to pay to the order of **THIRD FEDERAL SAVINGS AND LOAN ASSOCIATION OF CLEVELAND; 7007 Broadway Avenue; Cleveland, Ohio 44105**, the sum of: **\$ 25,000.00** DOLLARS,

Twenty Five Thousand Dollars and 00/100, together with interest payable on **JUL 01, 1997** and quarterly thereafter and on demand. Interest will be computed at a fluctuating rate equal to **2.000** % per annum above the savings account which secures this note. Each change in the savings rate shall automatically and immediately change, without notice, the rate thereafter applicable to this note so as to maintain a constant **2.000** % spread between the rate being paid on the pledged savings account and the rate being charged to the Borrower(s) for this loan. The Borrower(s) agree that the minimum interest charge on this note will be equal to the amount of interest that would be due if this note were paid in thirty (30) days.

The Borrower(s) hereby pledge as security for this note Savings Account Number **02-175000047** and any replacement certificate or passbook issued therefore. The Borrower(s) authorize any Officer of Third Federal Savings and Loan Association of Cleveland, in the event of default, to withdraw from time to time any part or all of the funds from the pledged Savings Account to make interest and/or principal payments thereon.

The Borrower(s) hereby waive all homestead and exemption rights and waives notice, protest, and presentment. Signed in: _____, Ohio.

CLEVELAND

[Signature]

Borrower

[Signature]

Borrower

Borrower

Borrower

Mary Carol Williams, M.D., M.P.

Original/Branch Copy

Yellow Copy/Customer

Pink Copy/Loan Service

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 7/31/97
<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
J.A.Q. PREPARED	8/3/97 DATE PREPARED