

Effective Legislation Committee

A copy of our report is filed with the Federal Election Commission and is available for purchase from the Federal Election Commission, Washington, D.C.

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 27 11 08 AM '99

April 20, 1999

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Andrew Dodson
Public Records Office
Federal Election Commission
999 E Street, NW
Washington, DC 20463

**Re: American Institute of Certified Public Accountants (AICPA) Effective
Legislation Committee C-00077321**

Dear Mr. Dodson:

Enclosed is the monthly "Report of Receipts and Expenditures" (FEC Form 3X) for the period March 1 through March 31, 1999. If you have any comments or questions, please telephone me at (201) 938-3210.

Sincerely,



Donna Borowicz, CPA
Treasurer

DB:rmb
Enclosure

cc: D. Atherton
S. Eisenberg
T. Higginbotham
K. Rote

dodson.doc

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 27 11 03 AM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) American Institute of Certified Public Accountants Effective Legislation Committee		2. FEC IDENTIFICATION NUMBER C-00077321
ADDRESS (number and street) Check if different than previously reported Harborside Financial Center, 201 Plaza 3		
CITY, STATE and ZIP CODE Jersey City, NJ 07311-3881		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1MO)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period <u>3/1/99</u> through <u>3/31/99</u>	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1999		\$ 139684.98
(b) Cash on Hand at Beginning of Reporting Period	\$ 119051.48	
(c) Total Receipts (from line 19)	\$ 12568.63	\$ 34435.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 131620.11	\$ 174120.11
7. Total Disbursements (from Line 30)	\$ 35605.34	\$ 78105.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 96014.77	\$ 96014.77
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-8680 Local 202-218-3420
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 Donna Borowicz	Date April 20, 1999
Signature of Treasurer <i>Donna Borowicz</i>	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of

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

(revised 1/1/81)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
American Institute of Certified Public Accountants Effective Legislation Committee		FROM: 3/1/99	TO: 3/31/99
		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)			
ii. Unitemized			
iii. Total			
		12299.01	32989.01
		0	0
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions			
		0	0
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			
		259.62	712.00
17. Other Federal Receipts (Dividends, Interest, etc.)			
		0	0
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts			
		12568.63	34435.13
20. Total Federal Receipts			
		0	0
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			
		3110.86	3110.86
c. Total Operating Expenditures			
		0	0
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
		32494.48	74994.48
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d))			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds			
		0	0
29. Other Disbursements			
		35605.34	78105.34
30. Total Disbursements			
		0	0
31. Total Federal Disbursements			
		0	0
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)			
		12299.01	32989.01
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)			
		12299.01	32989.01
35. Total Federal Operating Expenditures			
		0	0
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures			
		0	0
		3110.86	3110.86

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

NAME OF COMMITTEE (If Full)
American Institute of Certified Public Accountants Effective Legislation Committee **FEC ID No. C-00077321**

A. Full Name, Mailing Address and ZIP Code Bankers Trust Company 280 Park Avenue New York, NY 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) 3/31/99 734.12	Amount of Each Receipt this Period 269.62
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)	269.62
TOTAL This Period (last page this line number only)	269.62

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

NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee FEC ID No. C-00077321

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Holtsville, NY 00501	Income Taxes	3/10/99	3110.86
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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)		

SUBTOTAL of Disbursements This Page (optional)	3110.86
TOTAL This Period (last page this line number only).	3110.86

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE	OF
1	4
FOR LINE NUMBER	
23	

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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee **FEC ID No. C-00077321**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Becerra for Congress P.O. Box 75214 Washington, DC 20013	House Candidate, 30thCA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/99	500.00
B. Full Name, Mailing Address and ZIP Code Keep Our Majority PAC 6344 Cavalier Corridor Falls Church, VA 22044	Leadership PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/99	5000.00
C. Full Name, Mailing Address and ZIP Code Deutsch for Congress P.O. Box 817689 Hollywood, FL 33081	House Candidate, 20thFL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/99	2000.00
D. Full Name, Mailing Address and ZIP Code Tennesseans for Senator Thompson 1015 15th Street, NW Washington, DC 20005	Senate Candidate (TN) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/99	1000.00
E. Full Name, Mailing Address and ZIP Code Citizens for Gillmor P.O. Box 910 Port Clinton, OH 43452	House Candidate, 5thOH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/99	400.00
F. Full Name, Mailing Address and ZIP Code Ehrlich for Congress 1301 York Rd. Lutherville, MD 21093	House Candidate, 2ndMD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/99	500.00
G. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad 420 C Street, NE Washington, DC 20002	Senate Candidate (ND) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/99	1000.00
H. Full Name, Mailing Address and ZIP Code Martin Frost Campaign Committee P.O. Box 4219 Dallas, TX 75208	House Candidate, 24thTX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/99	2500.00
I. Full Name, Mailing Address and ZIP Code Max Sandlin Campaign 422 C Street, NE Washington, DC 20002	House Candidate, 1stTX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/99	1000.00
SUBTOTAL of Disbursements This Page (optional)			13900.00
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee **FEC ID No. C-00077321**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McCullum for Congress 600 Thistlewood Ct. Longwood, FL 32779	House Candidate, 8thFL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/99	5000.00
B. Full Name, Mailing Address and ZIP Code Upton for All of Us Committee 4451 Brookfield Corporate Dr Chantilly, VA 20151	House Candidate, 6thMI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/99	500.00
C. Full Name, Mailing Address and ZIP Code Abraham for Senate 26660 Telegraph Rd. Southfield, MI 48034	Senate Candidate (MI) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/99	2500.00
D. Full Name, Mailing Address and ZIP Code Ashcroft 2000 P.O. Box 464 Jefferson City, MO 65102	Senate Candidate (MO) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/99	2500.00
E. Full Name, Mailing Address and ZIP Code Ed Bryant for Congress 6075 Poplar Ave. Memphis, TN 38119	House Candidate, 7thTN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/99	1500.00
F. Full Name, Mailing Address and ZIP Code Friends of Jerry Kleczka 4200 Christine Place Alexandria, VA 22311	House Candidate, 4thWI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/99	1000.00
G. Full Name, Mailing Address and ZIP Code Friends of John Tanner P.O. Box 1988 Union City, TN 38261	House Candidate, 8thTN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/99	2000.00
H. Full Name, Mailing Address and ZIP Code Hulshof for Congress P.O. Box 1621 Columbia, MO 65205	House Candidate, 9thMO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/99	2000.00
I. Full Name, Mailing Address and ZIP Code Pickering for Congress P.O. Box 6440 Laurel, MS 39441	House Candidate, 3rdMS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/99	1500.00
SUBTOTAL of Disbursements This Page (optional)			18500.00
TOTAL This Period (last page this line number only).			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
American Institute of Certified Public Accountants Effective Legislation Committee **FEC ID No. C-00077321**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Grams for U.S. Senate 2013 Second Avenue North Anoka, MN 55303	Senate Candidate (MN) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/99	2500.00
B. Full Name, Mailing Address and ZIP Code Charlie Gonzalez Congressional Campaign P.O. Box 12612 San Antonio, TX 78212	House Candidate, 20thTX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/99	500.00
C. Full Name, Mailing Address and ZIP Code Friends of Patrick Kennedy Committee P.O. Box 77047 Washington, DC 20013	House Candidate, 1stRI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/99	500.00
D. Full Name, Mailing Address and ZIP Code Hatch Election Committee 9115 Winterholme Way Vienna, VA 22182	Senate Candidate (UT) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/99	1000.00
E. Full Name, Mailing Address and ZIP Code Kay Bailey Hutchison for Senate 2000 Bering Drive Houston, TX 77057	Senate Candidate (TX) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/99	1000.00
F. Full Name, Mailing Address and ZIP Code Ken Lucas for Congress 7801 US 42 Florence, KY 41042	House Candidate, 4thKY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/99	1000.00
G. Full Name, Mailing Address and ZIP Code Willard Hotel 1401 Pennsylvania Ave., NW Washington, DC 20004 (Reception for Ken Hulshof)	House Candidate, 9thMO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/18/99	33.32 (IN-KIND)
H. Full Name, Mailing Address and ZIP Code Willard Hotel 1401 Pennsylvania Ave., NW Washington, DC 20004 (Reception for Rod Grams)	Senate Candidate (MN) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/23/99	61.16 (IN-KIND)
I. Full Name, Mailing Address and ZIP Code Friends of Bob Livingston P.O. Box 5329 New Orleans, LA 70174	VOID-Orig.rept.10/14/98 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/99	(1500.00)
SUBTOTAL of Disbursements This Page (optional)			5094.48
TOTAL This Period (last page this line number only).			

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
American Institute of Certified Public Accountants Effective Legislation Committee **FEC ID No. C-00077321**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Schumer '98 333 W. 52nd Street New York, NY 10019	VOID-orig.rept.12/15/98 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/22/99	(5000.00)
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)	(5000.00)
TOTAL This Period (last page this line number only)	32494.48

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (In Full) American Institute of Certified Public Accountants Effective Legislation Committee	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 Internal Revenue Service Holtsville, NY 00501	3110.86		3110.86	-0-
Nature of Debt (Purpose): Income Taxes				
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)				-0-
2) TOTALS This Period (last page this line only)				-0-
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				-0-

