

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

<b>1. NAME OF COMMITTEE (in full)</b> CELOTEX CORPORATION POLITICAL ACTION COMMITTEE	RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported  4010 BOY SCOUT BOULEVARD	<b>2. FEC IDENTIFICATION NUMBER</b> C00226849 <span style="float: right;">DEC 6 2 32 PM '98</span>
<b>CITY, STATE and ZIP CODE</b>  TAMPA, FL 33607	<b>3.</b> <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on Prior to: <u>1/1/98</u> (date)

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report      **Monthly Report Due On:**

February 20     June 20       October 20  
 July 15 Quarterly Report     March 20     July 20       November 20  
 October 15 Quarterly Report     April 20     August 20     December 20  
 January 31 Year End Report     May 20       September 20  January 31  
 July 31 Mid Year Report (Non-election Year Only)

Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on  
11/3/98 in the State of Florida

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/15/98</u> through <u>11/23/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u> .....	\$	18928.78
(b) Cash on Hand at Beginning of Reporting Period .....	\$ 9574.88	
(c) Total Receipts (from line 19) .....	\$ 2858.72	\$ 16504.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	\$ 12433.60	\$ 35433.60
7. Total Disbursements (from Line 30) .....	\$ 1500.00	\$ 24500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	\$ 10933.60	\$ 10933.60
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

Jonathan W. Oorlog

Signature of Treasurer

Date

12/03/98

For further information contact:  
 Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463  
 Toll Free 800-424-9530  
 Local 202-376-3120

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

--	--	--	--	--	--	--	--	--	--

**FEC FORM 3X**

(revised 1/1/91)

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

(revised 1/1/91)

NAME OF COMMITTEE TEX CORPORATION POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD	
		FROM: 10/15/98	TO: 11/23/98
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		1342.04	6407.25
ii. Unitemized		1516.68	11097.57
iii. Total (add i and ii)		2858.72	16504.82
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions (add a iii, b and c)		2858.72	16504.82
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)		-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)		2858.72	16504.82
20. Total Federal Receipts (subtract line 18 from line 19)		2858.72	16504.82
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		-0-	-0-
ii. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures		-0-	-0-
c. Total Operating Expenditures (Add a i, a ii, and b)		-0-	-0-
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		1500.00	24500.00
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds (Add a, b and c)		-0-	-0-
29. Other Disbursements		-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		1500.00	24500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		1500.00	24500.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		2858.72	16504.82
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		2858.72	16504.82
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		-0-	-0-
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35)		-0-	-0-

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

NAME OF COMMITTEE (In Full)  
**CELOTEX CORPORATION  
 POLITICAL ACTION COMMITTEE**

FEC ID No. **C00226845**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
T.M. PARISO P.O. Box 31602 Tampa, FL 33631-3602	Celotex Corporation Tampa, FL	Twice monthly payroll deduction	166.68 \$41.67 per
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive VP	Aggregate Year-To-Date \$ 916.74	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R.B. Kriever 19 Birdie Lane Palm Harbor, FL 34683	Celotex Corporation Tampa, FL	Twice monthly payroll deduction	130.00 \$32.50 per
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior V.P.	Aggregate Year-To-Date \$ 715.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
L. M. Hickey, Jr. 1181 Colonial Drive Ft. Dodge, IA 50501	Celotex Corporation Fort Dodge, IA	Twice monthly payroll deduction	83.36 \$20.84 per
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Plant Manager	Aggregate Year-To-Date \$ 458.48	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.D. Steddom 10-9 Meadow Lane Highland Heights, KY 41076	Celotex Corporation Tampa, FL	Twice monthly payroll deduction	50.00 \$12.50 per
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation H.R. Representative	Aggregate Year-To-Date \$ 275.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K.L. Clark 2880 Meadow Wood Drive Clearwater, FL 34621	Celotex Corporation Tampa, FL	Twice monthly payroll deduction	120.00 \$30.00 per
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Research	Aggregate Year-To-Date \$ 660.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
D.C. Lewellen 3924 Dak Hammock Drive Brandon, FL 33511	Celotex Corporation Tampa, FL	Twice monthly payroll deduction	60.00 \$15.00 per
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Engineering	Aggregate Year-To-Date \$ 330.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F.W. Gallant 4206 Cleveland St. Tampa, FL 33609	Celotex Corporation Tampa, FL	Twice monthly payroll deduction	60.00 \$15.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Project Manager	Aggregate Year-To-Date \$ 330.00	

**SUBTOTAL** of Receipts This Page (optional) . . . . . 670.04

**TOTAL** This Period (last page this line number only) . . . . .

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
**CELOTEX CORPORATION**  
**POLITICAL ACTION COMMITTEE**

**FEC ID No. CD0226845**

<b>A. Full Name, Mailing Address and ZIP Code</b> M.E. Londrigan 3153 Landmark Drive #221 Clearwater, FL 34621		Name of Employer Celotex Corporation Tampa, FL	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period 60.00 \$15.00 per
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Manager - Research	Aggregate Year-To-Date \$ 330.00	
<b>B. Full Name, Mailing Address and ZIP Code</b> J.P. Borreca 5901 Hammock Woods Drive Odessa, FL 33556		Name of Employer Celotex Corporation Tampa, FL	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period 60.00 \$15.00 per
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation President & CEO	Aggregate Year-To-Date \$ 330.00	
<b>C. Full Name, Mailing Address and ZIP Code</b> J.W. Dorlog 205 Locust Drive Brandon, FL 33511		Name of Employer Celotex Corporation Tampa, FL	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period 60.00 \$15.00 per
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation V.P. & CFO	Aggregate Year-To-Date \$ 330.00	
<b>D. Full Name, Mailing Address and ZIP Code</b> M.M. O'Barr 5305 Ambrose Street Tampa, FL 33647		Name of Employer Celotex Corporation Tampa, FL	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period 50.00 \$12.50 per
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation V.P. Strategic	Aggregate Year-To-Date \$ 275.00	
<b>E. Full Name, Mailing Address and ZIP Code</b> G.L. Esch 215 Oakcrest Drive Safety Harbor, FL 34695		Name of Employer Celotex Corporation Tampa, FL	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period 60.00 \$15.00 per
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Manager-Manufact.	Aggregate Year-To-Date \$ 330.00	
<b>F. Full Name, Mailing Address and ZIP Code</b> R.N. Wells 4905 Shetland Avenue Tampa, FL 33615		Name of Employer Celotex Corporation Tampa, FL	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period 50.00 \$12.50 per
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Supervisor - I.T.	Aggregate Year-To-Date \$ 275.00	
<b>G. Full Name, Mailing Address and ZIP Code</b> M. A. DeLillo 1112 Hunt Club Lane Valrico, FL 33594		Name of Employer Celotex Corporation Tampa, FL	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period 90.00 \$22.50 per
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation V.P. - Risk Mgmt.	Aggregate Year-To-Date \$ 495.00	

<b>SUBTOTAL of Receipts This Page (optional)</b> . . . . .	430.00
<b>TOTAL This Period (last page this line number only)</b> . . . . .	

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

**NAME OF COMMITTEE (In Full)**  
 CELOTEX CORPORATION  
 POLITICAL ACTION COMMITTEE

**FEC ID No.** C00226845

<b>A. Full Name, Mailing Address and ZIP Code</b> S.M. Hawkins 7705 Lake Cypress Drive Odessa, FL 33556	Name of Employer Celotex Corporation Tampa, FL	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period 80.00 \$20.00 per
	Occupation V.P. Sales Aggregate Year-To-Date \$ 440.00	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>B. Full Name, Mailing Address and ZIP Code</b> J.A. Dick 12026 Nicklas Cr Tampa, FL 33624	Name of Employer Celotex Corporation Tampa, FL	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period 60.00 \$15.00 per
	Occupation Director - Taxes Aggregate Year-To-Date \$ 330.00	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>C. Full Name, Mailing Address and ZIP Code</b> D.L. Richert 880 Mandalay Ave., Apt C1208 Clearwater, FL 33767	Name of Employer Celotex Corporation Tampa, FL	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period 60.00 \$15.00 per
	Occupation Manager - Tax Aggregate Year-To-Date \$ 330.00	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>D. Full Name, Mailing Address and ZIP Code</b> C. R. Winter 300 N. Glennwood Avenue Clearwater, FL 33755	Name of Employer Celotex Corporation Tampa, FL	Date (month, day, year) Twice monthly payroll deduction	Amount of Each Receipt this Period 42.00 \$10.50 per
	Occupation V.P. Procurement Aggregate Year-To-Date \$ 231.00	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>E. Full Name, Mailing Address and ZIP Code</b> _____ _____ _____	Name of Employer _____ _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____ Aggregate Year-To-Date \$ _____	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>F. Full Name, Mailing Address and ZIP Code</b> _____ _____ _____	Name of Employer _____ _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____ Aggregate Year-To-Date \$ _____	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
<b>G. Full Name, Mailing Address and ZIP Code</b> _____ _____ _____	Name of Employer _____ _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____ Aggregate Year-To-Date \$ _____	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

<b>SUBTOTAL of Receipts This Page (optional)</b> . . . . .	242.00
<b>TOTAL This Period (last page this line number only)</b> . . . . .	1342.04

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

**NAME OF COMMITTEE (In Full)**  
 CELOTEX CORPORATION  
 POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THURMAN FOR CONGRESS THE HONORABLE KARE THURMAN P. O. BOX 5058 INVERNESS, FL 34450-5058	1998 ELECTION D-FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98	500.00
B. Full Name, Mailing Address and ZIP Code FRIENDS OF CLAY SHAW THE HONORABLE CLAY SHAW P. O. BOX 2188 FORT LAUDERDALE, FL 33303	1998 ELECTION-R-FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98	1000.00
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)** . . . . . 1500.00

**TOTAL This Period (last page this line number only)** . . . . .

**METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE  
CELOTEX CORPORATION  
POLITICAL ACTION COMMITTEE

**NATIONAL PARTY COMMITTEES**

**FIXED FEDERAL PERCENTAGE** (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT)  %  
 PRESIDENTIAL YEAR (65%)  
 ALL OTHER YEARS (60%)

**HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES**

**MINIMUM FEDERAL PERCENTAGE (65%)** (IF CHECKED, ENTER 65% IN BOX TO RIGHT) . . . . .  %  
 OR  
 **FUNDS EXPENDED:**  
 ESTIMATED DIRECT CANDIDATE SUPPORT FEDERAL . . . . .  %  
 ESTIMATED DIRECT CANDIDATE SUPPORT NON-FEDERAL  %  
 ADJUSTMENTS TO FUNDS EXPENDED:  
 ACTUAL DIRECT CANDIDATE SUPPORT FEDERAL \$  . . . . .  %  
 ACTUAL DIRECT CANDIDATE SUPPORT NON-FEDERAL

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

**SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES**

**FUNDS EXPENDED:**  
 ESTIMATED DIRECT CANDIDATE SUPPORT FEDERAL . . . . .  100%  
 ESTIMATED DIRECT CANDIDATE SUPPORT NON-FEDERAL  0%  
 ADJUSTMENTS TO FUNDS EXPENDED:  
 ACTUAL DIRECT CANDIDATE SUPPORT FEDERAL \$  . . . . .  %  
 ACTUAL DIRECT CANDIDATE SUPPORT NON-FEDERAL

**STATE AND LOCAL PARTY COMMITTEES**

**BALLOT COMPOSITION**

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:


	NUMBER OF POINTS
1. PRESIDENT . . . . . <input type="checkbox"/> (1 POINT) . . . . .	
2. U.S. SENATE . . . . . <input type="checkbox"/> (1 POINT) . . . . .	
3. U.S. CONGRESS . . . . . <input type="checkbox"/> (1 POINT) . . . . .	
4. SUBTOTAL FEDERAL (ADD 1, 2, AND 3) . . . . .	
5. GOVERNOR . . . . . <input type="checkbox"/> (1 POINT) . . . . .	
6. OTHER STATEWIDE OFFICE(S) <input type="checkbox"/> (1 OR 2 POINTS) . . . . .	
7. STATE SENATE . . . . . <input type="checkbox"/> (1 POINT) . . . . .	
8. STATE REPRESENTATIVE . . . . . <input type="checkbox"/> (1 POINT) . . . . .	
9. LOCAL CANDIDATES . . . . . <input type="checkbox"/> (1 OR 2 POINTS) . . . . .	
10. SUBTOTAL NON-FEDERAL (ADD 5, 6, 7, 8, AND 9) . . . . .	
11. TOTAL POINTS (LINE 4 PLUS LINE 10) . . . . .	

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 11 . . . . .  %

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 12/3/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	12/6/98 DATE PREPARED