

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 29 9 13 AM '97

1. NAME OF COMMITTEE (in full) Empire Majority Leadership Fund		2. FEC IDENTIFICATION NUMBER C00312710
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)	
P.O. Box 456		
CITY, STATE and ZIP CODE Washington, DC 20244-8456		

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 _____

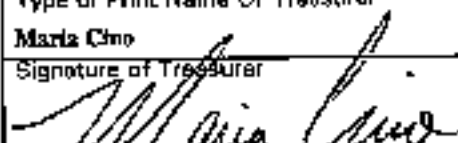
Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/97</u> through <u>06/30/97</u>		
6. (a) Cash on Hand January 1, 1997		\$ 28,868.81
(b) Cash on Hand at Beginning of Reporting Period.....	\$ 28,868.81	
(c) Total Receipts (from line 19).....	\$ 25,592.07	\$ 25,592.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$ 54,460.88	\$ 54,460.88
7. Total Disbursements (from Line 30).....	\$ 13,194.51	\$ 13,194.51
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))..	\$ 41,266.37	\$ 41,266.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	\$ 0.00	For further information: Federal Election Commission 999 B Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	\$ 0.00	

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
Maria Cino

Signature of Treasurer  Date 7/28/97

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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FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
Empire Majority Leadership Fund	FROM: 01/01/97	TO: 06/30/97
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	4,250.00	4,250.00
ii. Unitemized.....	0.00	0.00
iii. Total..... (add i and ii) >	4,250.00	4,250.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	21,000.00	21,000.00
d. Total Contributions..... (add all, b and c) >	25,250.00	25,250.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	342.07	342.07
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	25,592.07	25,592.07
20. Total Federal Receipts..... (subtract line 18 from line 19) >	25,592.07	25,592.07
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	2,483.51	2,483.51
c. Total Operating Expenditures..... (Add a.i, a.ii, and b) >	2,483.51	2,483.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10,711.00	10,711.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds..... (Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements..... (Add 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	13,194.51	13,194.51
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >	13,194.51	13,194.51
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	25,250.00	25,250.00
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	25,250.00	25,250.00
35. Total Federal Operating Expenditures..... (add 21 ai and 21 b) >	2,483.51	2,483.51
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	2,483.51	2,483.51

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in full)
Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code Union Pacific Fund for Effective Govt. 555 13th Street, NW Suite 450 West Washington, DC 20004	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	05/09/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		2,500.00
B. Full Name, Mailing Address and Zip Code Seafarers Political Activity Donation Special Acct 5201 Auth Way Camp Springs, MD 20746	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	05/14/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		2,500.00
C. Full Name, Mailing Address and Zip Code HS Political Fund 888 16th Street, NW Washington, DC 20006	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	05/14/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
D. Full Name, Mailing Address and Zip Code Am. Maritime Officers Voluntary Political Fund 650 4th Avenue Brooklyn, NY 11232	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	05/14/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		2,500.00
E. Full Name, Mailing Address and Zip Code American Trucking PAC 430 First Street, SE Washington, DC 20003	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	06/18/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,000.00
F. Full Name, Mailing Address and Zip Code Mass. Mutual Political Action Committee 1295 State Street Springfield, MA 0111	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	06/18/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		1,500.00
G. Full Name, Mailing Address and Zip Code Committee to Re-elect Susan Molinari for Congress P.O. Box 060248 New Dorp Station Staten Island, NY 10306	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	06/18/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		5,000.00

SUB TOTAL of Receipts This Page (Optional).....> **12,000.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Goldman Sachs Partners PAC 1101 Penn. Avenue, NW Suite 900 Washington, DC 20004		06/30/97	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$ 2,500.00	
Internat'l Organization of Masters, Mates & Pilots 700 Maritime Boulevard Luthicum, MD 21090		06/30/97	2,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$ 2,500.00	
Committee to Re-elect Susan Molinari for Congress P.O. Box 060248 New Dorp Station Staten Island, NY 10306		06/30/97	4,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$ 5,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	

SUB TOTAL of Receipts This Page (Optional).....>	9,000.00
TOTAL this Period (Last page this line number only).....>	21,000.00

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)
Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code W. Bruce Law 2816 Ocean Mist Court Virginia Beach, VA 23454	Name of Employer self-employed	Date (Month day, Year) 05/14/97	Amount of Each Receipt this Period 2,500.00
	Occupation Attorney	Aggregate Year-to-date > \$ 2,500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Richard S. Kessler 4008 Ancient Oak Court Annandale, VA 22003	Name of Employer self-employed	Date (Month day, Year) 05/14/97	Amount of Each Receipt this Period 750.00
	Occupation Lobbyist	Aggregate Year-to-date > \$ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Larry Edmund Smith 5924 Seven Locks Road Cabin John, MD 20818	Name of Employer Johnson, Smith, Dover, Kitzmiller & Stewart	Date (Month day, Year) 05/29/97	Amount of Each Receipt this Period 500.00
	Occupation Attorney	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code G. Jack Dover 309 Rucker Place Alexandria, VA 22301	Name of Employer Johnson, Smith, Dover, Kitzmiller & Stewart	Date (Month day, Year) 05/29/97	Amount of Each Receipt this Period 500.00
	Occupation Attorney	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code	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)			
F. Full Name, Mailing Address and Zip Code	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)			
G. Full Name, Mailing Address and Zip Code	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)			

SUB TOTAL of Receipts This Page (Optional).....>	4,250.00
TOTAL this Period (Last page this line number only).....>	4,250.00

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)
Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code Citibank, F.S.B. 1001 Penn. Avenue, NW Washington, DC 20004	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	04/30/97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		52.10
B. Full Name, Mailing Address and Zip Code Citibank, F.S.B. 1001 Penn. Avenue, NW Washington, DC 20004	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Occupation	05/30/97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		59.29
C. Full Name, Mailing Address and Zip Code Citibank, F.S.B. 1001 Penn. Avenue, NW Washington, DC 20004	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Occupation	06/30/97		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		63.62
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....> **175.01**

TOTAL this Period (Last page this line number only).....> **175.01**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

NAME OF COMMITTEE (in Full)
Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code Amy Bruce 11891 Homestead Place Waldorf, MD 20601	Purpose of Disbursement April lock box service Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 05/23/97	Amount of Each Disb. this Period 40.00
B. Full Name, Mailing Address and Zip Code Citibank, F.S.B. P.O. Box 19748 Washington, DC 20036-0748	Purpose of Disbursement May bank service charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 05/30/97	Amount of Each Disb. this Period 11.78
C. Full Name, Mailing Address and Zip Code Citibank, F.S.B. P.O. Box 19748 Washington, DC 20036-0748	Purpose of Disbursement June bank service charge Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 06/30/97	Amount of Each Disb. this Period 11.62
D. Full Name, Mailing Address and Zip Code epiphany productions 1300 I Street, NW Suite 1010, East Tower Washington, DC 20005	Purpose of Disbursement Reimbursement for 4/9 dinner expenses Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year) 04/23/97	Amount of Each Disb. this Period 1,783.50
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	1,846.90
TOTAL this Period (Last page this line number only).....>	1,846.90

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
American Express 200 Vesey Street New York, NY 10285	Airline ticket to Rogan event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/25/97	1,711.00 (In-Kind)
B. Full Name, Mailing Address and Zip Code Rogan for Congress Committee P.O. Box 36 Montrose, CA 91021	Airline ticket to Rogan event Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/25/97	1,711.00 (Memo In-Kind)
C. Full Name, Mailing Address and Zip Code Baker for Congress 120 East Main Street P.O. Box 232 Galesburg, IL 61402-0232	Mark Baker, U.S. HOUSE 17th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/23/97	1,000.00
D. Full Name, Mailing Address and Zip Code Fossella for Congress P.O. Box 060248 New Dorp Station Staten Island, NY 10306	Vito Fossella, U.S. HOUSE 13th NY Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997 Special Election	06/24/97	5,000.00
E. Full Name, Mailing Address and Zip Code New Mexicans for Redmond 1640 16th Street Los Alamos, NM 87544	Redmond, U.S. HOUSE NM Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify) 1997 Special Election	05/05/97	2,000.00
F. Full Name, Mailing Address and Zip Code Seastrand Legal Defense Fund 772 Santa Rosa Street San Luis Obispo, CA 93401	Andrea Seastrand, U.S. HOUSE 22nd CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/23/97	1,000.00
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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional)..... > 10,711.00

TOTAL this Period (Last page this line number only)..... > 10,711.00

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 <i>7/28/97</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED _____ and/or DATE OF RECEIPT
<i>VPV</i> PREPARER	<i>7/29/97</i> DATE PREPARED