

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JUN 26 12 57 PM '96

1. NAME OF COMMITTEE (in full) <b>Families First Alliance</b>		2. FEC IDENTIFICATION NUMBER <b>00329084</b>
ADDRESS (number and street) P.O. Box 222	<input type="checkbox"/> Check if different than previously reported	
CITY, STATE, and ZIP CODE Kohler WI 53044		3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ (election type) election of \_\_\_\_\_ 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	01/01/1997 through 12/31/1997		
6. (a) Cash on Hand, January 1, 1997			0.00
(b) Cash on Hand at Beginning of Reporting Period		0.00	
(c) Total Receipts (from line 19)		8821.09	8821.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		8821.09	8821.09
7. Total Disbursements (from line 30)		2441.03	2441.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		6380.06	6380.06
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		0.00	For further information contact:
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		0.00	Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-218-3420
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 <b>Carl Schroeder</b>			
Signature of Treasurer <i>Carl Schroeder</i>		Date 01/21/1998	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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

(revised 1/1/81)

NAME OF COMMITTEE <b>Families First Alliance</b>	REPORT COVERING PERIOD FROM 01/01/1987 TO: 12/31/1997	
<b>I. Receipts</b>	COLUMN A Total This Period	COLUMN B Calendar Year
	11. Contributions (other than loans) From:	
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	3500.00	3500.00
ii. Unitemized .....	250.00	250.00
iii. Total ..... (add i and ii)»	3750.00	3750.00
b. Political Party Committees .....	0.00	0.00
c. Other Political Committees (such as PACs) .....	5000.00	5000.00
d. Total Contributions ..... (add a iii, b and c)»	8750.00	8750.00
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.) .....	71.09	71.09
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)»	8821.09	8821.09
20. Total Federal Receipts ..... (subtract line 18 from line 19)»	8821.09	8821.09
<b>II. Disbursements</b>		
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 .....	2441.03	2441.03
c. Total Operating Expenditures ..... (add a i, a ii, and b)»	2441.03	2441.03
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. 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. Individuals/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 Contributions Refunds ..... (add a, b, and c)»	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Total Disbursements ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	2441.03	2441.03
31. Total Federal Disbursements ..... (subtract line 21 a ii from line 30)»	2441.03	2441.03
<b>III. Net Contributions / Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d) .....	8750.00	8750.00
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	8750.00	8750.00
35. Total Federal Operating Expenditures ..... (add 21 a i and 21 b)»	2441.03	2441.03
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00
37. Net Operating Expenditures ..... (subtract line 36 from 35)»	2441.03	2441.03

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11A1

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)**  
**Families First Alliance**

<b>Full Name, Mailing Address, and ZIP Code</b> Bonnie Obenberger 5927 Quacker Mill Rd.  Racine WI 53408	<b>Name of Employer</b>  <b>Occupation</b> homemaker	<b>Date (month, day, year)</b> 10/06/1997	<b>Amount of Each Receipt this Period</b> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> James Fitzgerald P.O. Box 348  Janesville WI 53547	<b>Name of Employer</b> Golden State Warriors  <b>Occupation</b> owner	<b>Date (month, day, year)</b> 10/09/1997	<b>Amount of Each Receipt this Period</b> 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 2000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Peter Jansson 5200 Wind Point Dr.  Racine WI 53402	<b>Name of Employer</b> Jansson & Shupe  <b>Occupation</b> attorney	<b>Date (month, day, year)</b> 10/17/1997	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Aggregate Year-to-Date</b> > \$ 1000.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

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

**3500.00**

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

4 / 6

FOR LINE NUMBER  
11C

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**NAME OF COMMITTEE (In Full)**  
**Families First Alliance**

**Full Name, Mailing Address, and ZIP Code**

Campaign for Working Families  
499 S. Capitol St., SW  
Suite 410  
Washington DC 20003

**Name of Employer**

**Occupation**

**Date (month,  
day, year)**  
08/21/1997

**Amount of Each  
Receipt this Period**  
5000.00

Receipt For:  Primary  General  
 Other (specify):

**Aggregate Year-to-Date** > \$ 5000.00

**SUBTOTALS** of Receipts This Page (Optional) .....

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

**5000.00**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21B

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)**  
**Families First Alliance**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First Breath Alliance P. O. Box 278  Cedar Grove WI 53013	Rental of list of names  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	09/22/1997	801.00
MBNA Mastercard P. O. Box 15137  Wilmington DE 19886	Purchase scanner & hard drive.  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	11/16/1997	360.29
Marmen Computing, Inc. 126 Sixth Avenue  Menominee MI 49856	Data entry services  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	11/17/1997	849.15

**SUBTOTALS** of Disbursements This Page (Optional) .....

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

**2010.44**

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER  
23

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**NAME OF COMMITTEE (In Full)**  
**Families First Alliance**

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campaign for Working Families 499 S. Capitol St., SW Suite 410 Washington DC 20003	In-kind contribution of list of names Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	09/22/1997	331.00 In-kind
Neumann for Senate P. O. Box 2830 Janesville WI 53547	(Senate - WI - ) In-kind Contribution of list of names Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/24/1997	210.89 In-kind
Citizens for Tom Reynolds 9430 W. Schffinger Ave. West Allis WI 53214	(House - WI - 4) In-kind Contribution of list of names Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/22/1997	82.44 In-kind
Neumann for Senate P. O. Box 2830 Janesville WI 53547	(Senate - WI - ) In-kind contribution of list of names Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/29/1997	595.00 In-kind

**SUBTOTALS** of Disbursements This Page (Optional) .....

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

**0.00**

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input checked="" 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 checked="" type="checkbox"/> Electronic Filing	
<i>MUD</i> PREPARER	1-26-98 DATE PREPARED