

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 19 11 57 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. C00100537 060498
JOHN CUMMINGS
BILL THOMAS CAMPAIGN COMMITTEE
PO BOX 393
BAKERSFIELD CA 93302

2. FEC IDENTIFICATION NUMBER
C00100537

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

October 15 Quarterly Report 30-Day Post-Election Report for the _____ (Type of Election)
election on _____ In the State of _____

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only) Termination Report

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

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>6-14-98</u> through <u>6-30-98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	87,517.50	354,924.83
(b) Total Contribution Refunds (from Line 20(d))	0	1,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	87,517.50	353,924.83
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	126,833.21	216,517.10
(b) Total Offsets to Operating Expenditures (from Line 14)	0	1,024.05
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	126,833.21	215,493.05
8. Cash on Hand at Close of Reporting Period (from Line 27)	842,022.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	8,000.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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: **John Cummings**

Signature of Treasurer: *John Cummings*

Date: **7-15-98**

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 3
(revised 4/87)

REGARDS

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
<i>Bill Thomas Campaign Committee</i>	From: <i>5-14-98</i>	To: <i>6-30-98</i>
I. RECEIPTS <i>#00100537</i>	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) -----	<i>14,825.-</i>	
(ii) Unitemized -----	<i>1,942.50</i>	
(iii) Total of contributions from individuals -----	<i>16,767.50</i>	<i>128,668.83</i>
(b) Political Party Committees -----	<i>0</i>	<i>0</i>
(c) Other Political Committees (such as PACs) -----	<i>70,750.-</i>	<i>326,764.00</i>
(d) The Candidate -----	<i>0</i>	<i>0</i>
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d)) -----	<i>87,517.50</i>	<i>354,924.93</i>
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES -----	<i>0</i>	<i>0</i>
13. LOANS:		
(a) Made or Guaranteed by the Candidate -----	<i>0</i>	<i>0</i>
(b) All Other Loans -----	<i>0</i>	<i>0</i>
(c) TOTAL LOANS (add 13(a) and (b)) -----	<i>0</i>	<i>0</i>
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) -----	<i>0</i>	<i>1,084.05</i>
15. OTHER RECEIPTS (Dividends, Interest, etc.) -----	<i>12,695.97</i>	<i>22,773.65</i>
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) -----	<i>100,213.47</i>	<i>379,782.53</i>
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES -----	<i>126,833.21</i>	<i>216,817.10</i>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES -----	<i>0</i>	<i>0</i>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate -----	<i>0</i>	<i>0</i>
(b) Of All Other Loans -----	<i>0</i>	<i>0</i>
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b)) -----	<i>0</i>	<i>0</i>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees -----	<i>0</i>	<i>0</i>
(b) Political Party Committees -----	<i>0</i>	<i>0</i>
(c) Other Political Committees (such as PACs) -----	<i>0</i>	<i>1,000.00</i>
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c)) -----	<i>0</i>	<i>1,000.00</i>
21. OTHER DISBURSEMENTS -----	<i>9,000.-</i>	<i>161,200.00</i>
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21) -----	<i>135,833.21</i>	<i>379,017.10</i>

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD -----	\$ <i>877,647.74</i>	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16) -----	\$ <i>100,213.47</i>	24
25. SUBTOTAL (add Line 23 and Line 24) -----	\$ <i>977,861.21</i>	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) -----	\$ <i>135,833.21</i>	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25) -----	\$ <i>842,028.00</i>	27

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals

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

PAGE 1 OF 8
 FOR LINE NUMBER 11(a)

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)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark Wolin 108 Bakana Rd Red Bluff, CA 94949 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Health System Occupation: <i>Stockbroker</i> Aggregate Year-to-Date > \$ 1,000.	5/27/98	1,000. —
C. Alex Kemp P.O. Box 7710 Jackson, GA 31793 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Health System Management Jackson General Hospital Occupation: <i>Administrator</i> Aggregate Year-to-Date > \$ 1,000.	4/1/98	500. —
M. Robinson 2001 Small Street #101 Berkeley, CA 94706 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Neurological Surgery Associates Occupation: <i>Physician</i> Aggregate Year-to-Date > \$ 500.	6/5/98	500. —
S.A. Manohara 6001 Truxtun Avenue #160 Berkeley, CA 94709 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Truxtun Psychiatric Medical Group Occupation: <i>Physician</i> Aggregate Year-to-Date > \$ 250.	5/14/98	250. —
Tomaso Brovi 31847 Road 92 Ukiah, CA 95291 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: <i>Dairy Farmer</i> Aggregate Year-to-Date > \$ 250.	5/14/98	250. —
Loui Vogt 370 N. Johnson Ukiah, CA 95291 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Prison Weight Loss Program Occupation: <i>Administrator</i> Aggregate Year-to-Date > \$ 250.	5/29/98	250. —
Bruce Frazier 1711 18th Street Berkeley, CA Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	California Cardio Lung Medical Group Occupation: <i>Physician</i> Aggregate Year-to-Date > \$ 250.	5/14/98	250. —

SUBTOTAL of Receipts This Page (optional)

3,000. —

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals

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

PAGE 2 OF 9

FOR LINE NUMBER

1161

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NAME OF COMMITTEE (in Full)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Bryfield 3530 Q Street #106 Bakersfield, CA 93311 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Collection Therapy Medical Group Occupation: Physician Aggregate Year-to-Date > \$ 1250	5/15/98	250.00
John Primavera Poppin 1969 Bakersfield, CA 93303 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Memoria Pres. Fruit Company Occupation: President Aggregate Year-to-Date > \$ 20	5/26/98	250.00
Max Zaminovick Rt. 1, Box 910 Delano, CA 93215 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$ 750	5/31/98	250.00
Patrick Lung 7400 Corte Rey Bakersfield, CA 93309 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Physician Aggregate Year-to-Date > \$	5/20/98	250.00
Rosemary Abarea 107 17th Street Bakersfield, CA 93301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Attorney Aggregate Year-to-Date > \$	5/29/98	325.00
George Norton 1400 Saxton Avenue Bakersfield, CA 93301 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Barton Petri Honor Occupation: Attorney Aggregate Year-to-Date > \$ 250	5/29/98	250.00
Grant Reyerker PO Box 12080 Bakersfield, CA 93389 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Golden Empire Concrete Co. Occupation: President Aggregate Year-to-Date > \$	5/25/98	250.00

SUBTOTAL of Receipts This Page (optional)

1825.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals

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

PAGE 3 OF 8
 FOR LINE NUMBER 1161

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NAME OF COMMITTEE (In Full)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E. Thomas Martin P.O. Box 2599 Paso Robles, CA 93447	Martin/Putrowale Occupation: <i>Prover</i>	5/27/98	250.-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.-		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Justin Nichols 2150 Hyde Way Merced, CA 95291	Occupation: <i>Homemaker</i>	5/27/98	250.-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.-		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph P. Manacle 3001 S. West Street Merced, CA 95207	Merced Medical Clinic Occupation: <i>Physician</i>	5/28/98	250.-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.-		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Sloan 10586 Mustang Drive Springville, CA 95055	Self Employed Occupation: <i>Physician</i>	6/14/98	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.-		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adrian S. Davis 2315 Highway Merced, CA	Occupation: <i>Homemaker</i>	5/16/98	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.-		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W.G. Jace Box 2248 Bakersfield, CA 93303	Rainier Rent Occupation: <i>Administration</i>	5/14/98	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.-		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Harold Box 10982 Bakersfield, CA 93389	Kern County Water Agency Occupation: <i>Attorney</i>	5/27/98	250.-
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.-		

SUBTOTAL of Receipts This Page (optional) 1750.-

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**
Contributions from Individuals

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

PAGE 4 OF 8
FOR LINE NUMBER 101

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NAME OF COMMITTEE (In Full)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vitus Men 4000 San Prince #N1 Branford, Ct 93201 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Self Employed Occupation: Physician Aggregate Year-to-Date > \$ 250.-	5/26/98	250.-
Bob Hampton P.O. Box 134 Jeff Pt, Ct 93208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Westside Amusement Occupation: Owner Aggregate Year-to-Date > \$	5/25/98	250.-
Carlos White P.O. Box 1535 Shafter, CA 93203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Self Employed Occupation: Farmer Aggregate Year-to-Date > \$	5/27/98	250.-
Richard Allen 111 S. Johnson Middletown, Ct 93291 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Allent Associates Occupation: President Aggregate Year-to-Date > \$	5/14/98	250.-
Vincent Rojas 4297 County Club Drive Branford, Ct 93206 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Kern School Federal Credit Union Occupation: President Aggregate Year-to-Date > \$	5-20-98	250.-
Teri Garrison P.O. Box 1907 Branford, Ct 93203 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Occupation: Housewife Aggregate Year-to-Date > \$ 250.-	5/15/98	250.-
Kirit Pessi 9008 St Cloud Lane Branford, Ct 93204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: Central Cardiology Medical Group Occupation: Physician Aggregate Year-to-Date > \$	5/22/98	250.-

SUBTOTAL of Receipts This Page (optional)

1,750.-

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions From Individuals

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

PAGE 5 OF 8
FOR LINE NUMBER 1161

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NAME OF COMMITTEE (in Full)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maurice Andrew 110 Home Road Ukiah, CA 95509 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Homeowner Aggregate Year-to-Date > \$ 750.	5/19/98	250. -
F.M. Simpson, Jr. 3800 Stakeley Drive #27 Ukiah, CA 95509 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Aggregate Year-to-Date > \$ 250.	5/15/98	250. -
Bobbie Moore 1087 Manor Ukiah, CA 95274 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Family Farmer Aggregate Year-to-Date > \$ 250.	5/14/98	250. -
Allied Disposal Company P.O. Box 3702 Ukiah, CA 95278 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Sole Proprietor Aggregate Year-to-Date > \$ 250.	5/11/98	250. -
Kathy Marcello 6901 Cherry Chase Drive Ukiah, CA 95274 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	K & M Learning Owner Aggregate Year-to-Date > \$ 250.	5/21/98	250. -
Steve Lake 1200 Tom-O-Mentor Drive Ukiah, CA 95509 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Homeowner Aggregate Year-to-Date > \$ 250.	5/20/98	250. -
Alan Day 70701 524 Ukiah, CA 95509 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Aggregate Year-to-Date > \$ 120.	5/22/98	250. -

SUBTOTAL of Receipts This Page (optional)

1750. -

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

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

PAGE 6 OF 8
FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (In Full)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael A. Mackuff 225 S. Street Bakerfield, CA 93301 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Medical Doctor Aggregate Year-to-Date > \$ 250.-	5/20/98	250.-
Peter Pankay 4900 Leroy Rd. Arvin, CA 93203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Key Service Occupation: Owner Aggregate Year-to-Date > \$ 250.-	5/22/98	250.-
Jimmy Lardo 227 F. Street #C Bakerfield, CA 93301 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Lardo Farmer Occupation: Farmer Aggregate Year-to-Date > \$ 1250.-	5/20/98	250.-
Eugene Ross 1017 Sycamore Circle Bakerfield, CA 93311 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Kern Radiology Occupation: Physician Aggregate Year-to-Date > \$ 250.-	5/19/98	250.-
G. Craig Holloway 21284 RR 216 Friday, CA 93247 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Rancher Aggregate Year-to-Date > \$ 250.-	5/15/98	250.-
Thomas Mitta 705 Iowa West Street #A Visalia, CA 93291 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Medical Doctor Aggregate Year-to-Date > \$ 250.-	5/14/98	250.-
Ken Peterson 6501 Budgetport Lane Bakerfield, CA 93309 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	County of Kern Occupation: Supervisor Aggregate Year-to-Date > \$ 250.-	5/20/98	250.-

SUBTOTAL of Receipts This Page (optional)

1,750.-

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals

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

PAGE 7 OF 8
FOR LINE NUMBER 11211

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NAME OF COMMITTEE (in Full)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Horner Hall 1001 24th Street Bakerfield, CA 93301 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Hall Ambulance Occupation: Owner Aggregate Year-to-Date > \$ 250. -	5/19/98	250. -
James Baker PO Box 1032 Bakerfield, CA 93317 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation: Retired Aggregate Year-to-Date > \$ 250. -	5/20/98	250. -
Jack Phillips PO Box 548 Madras, CA 93475 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Phillips Grain Co. Occupation: President Aggregate Year-to-Date > \$ 250. -	5/22/98	250. -
Eric Haddad 3812 Berkeley Drive Bakerfield, CA 93306 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Haddad Dodge Occupation: Owner Aggregate Year-to-Date > \$ 250. -	5/14/98	250. -
Angelo Haddad 1830 Truman Avenue #300 Bakerfield, CA 93301 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	New York Life Insurance Occupation: Financial Consultant Aggregate Year-to-Date > \$ 250. -	5/15/98	250. -
Daniel Meloy 2525 22nd Street Bakerfield, CA 93301 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Architect Aggregate Year-to-Date > \$ 250. -	5/12/98	250. -
Aquina Beverage Company 2132 N. Broadway Madras, CA 93471 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation: Sole Proprietor Aggregate Year-to-Date > \$ 250. -	5/19/98	250. -

SUBTOTAL of Receipts This Page (optional)

1750. -

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals

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

PAGE 8 OF 11
FOR LINE NUMBER 1111

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NAME OF COMMITTEE (in Full)
Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Belarney 108 E. Fair Avenue Portonville, CA 93257 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	McKinley Agency Associates Occupation: Accountant Aggregate Year-to-Date > \$ 250.-	5/18/98	250.-
B. Full Name, Mailing Address and ZIP Code Barbra McClung 2710 W. Mineral King Visalia, CA 93291 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Thayer's Health Care Occupation: Administrator Aggregate Year-to-Date > \$ 1250.-	5/18/98	250.-
C. Full Name, Mailing Address and ZIP Code Harry Pappas 500 S. Chromite Visalia, CA 93277 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	KUPH TV Occupation: Owner Aggregate Year-to-Date > \$ 250.-	5/18/98	250.-
D. Full Name, Mailing Address and ZIP Code Dennis R. Keller P.O. Box 911 Visalia, CA 93279 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Consulting Engineer Aggregate Year-to-Date > \$ 250.-	5/14/98	250.-
E. Full Name, Mailing Address and ZIP Code Robert Bowen P.O. Box 857 Reedville, CA 93238 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Core Ambulance Occupation: Owner Aggregate Year-to-Date > \$ 250.-	5/17/98	250.-
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) 1,250.-
TOTAL This Period (last page this line number only) 14,875.-

SCHEDULE A ITEMIZED RECEIPTS
Contributions from PACs

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

PAGE 1 of 1
FOR LINE NUMBER 1(c)

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)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edison International PAC 2244 Walnut Grove Avenue Rosemead, CA 91770		5/27/98	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rainey's PAC 400 South N. Street Dubuque, IA 52004		5/27/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Major Healthcare Corp Fed PAC 10750 Columbia Pike Arundel Mills, MD 21081		5/28/98	1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3,500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
INVA PAC 899 Cleveland Street Clerion, OH 44025		5/28/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4,500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Morris Companies Inc. PAC 120 Park Avenue New York, NY 10017		5/28/98	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Realtor PAC 450 N. Michigan Avenue Chicago, IL 60611		5/26/98	2,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 7,500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Novartis Employee Food Bank Fund 200 Pennsylvania Avenue NW #925 Washington, DC 20006		5/20/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 8,500.00	

SUBTOTAL of Receipts This Page (optional)

10,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from PACs

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

PAGE 2 OF 7
FOR LINE NUMBER 116

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)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
New York Life PAC 57 Madison Avenue New York, NY 10070		5/24/98	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AFAC PAC AFLAC Center Columbus, GA 31999		5/26/98	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	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
National Assn of Water Companies PAC 1725 K Street NW #1212 Washington, DC 20004		6/10/98	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	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
Natl Assn of Textile Underwriters PAC 1922 E Street NW Washington, DC 20006		5/18/98	1,500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$ 1,500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Society of Thoracic Surgeons PAC 1200-1900 Street NW #300 Washington, DC 20036		5/21/98	2,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Furman's Fund Insurance Company PAC 777 San Marin Drive Novato, CA 94945		5/12/98	500.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	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
BOS PAC / G. A. Roswell Company 101 West Walnut Street Pasadena, CA 91103		5/14/98	1,000.00
Receipt For: <input type="checkbox"/> Other (specify): <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Occupation		
	Aggregate Year-to-Date > \$ 1,200.00		

SUBTOTAL of Receipts This Page (optional)

8,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions from PACs

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

PAGE 3 OF 4
 FOR LINE NUMBER 110

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)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Committee for Quality Orthopaedic Health Care 217 M Massachusetts Ave NE #100 Washington, DC 20002	HealthCare	5/28/98	\$ 000. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 200. --	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Neurological Surgery PAC 1070 1 1/2 Washington, DC 20044		5/28/98	3000. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000. --	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Academy of Ophthalmology PAC 1101 Vermont Ave NW # 700 Washington, DC 20005		5/20/98	2500. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 4500. --	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
College of American Pathologists PAC 1350 I Street NW # 990 Washington, DC 20005		5/28/98	3500. --
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 6000. --	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Independent Oil Producers Agency PAC 222 W 6th Street #1610 San Pedro, CA 90731		5/15/98	200. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1200. --	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chicago Board Options Exchange PAC 400 S. La Salle Street Chicago, IL 60605		6/25/98	1500. --
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1500. --	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Coopers and Lybrand PAC 1901 K Street NW Washington DC 20006		6/29/98	2000. --
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000. --	

SUBTOTAL of Receipts This Page (optional)

14250. --

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions from PACs

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

PAGE 4 OF 7
FOR LINE NUMBER 1(C)

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)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Build PAC 1201 15th Street NW Washington, DC 20005		01/4/98	2500. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2500. --	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ASA PAC / American Society of Anesthesiologists 520 N. Northwest Hwy. Northridge, IL 60068		6/3/98	2,100. --
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500. --	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florida Sugar Cane League PAC 115 South Pine Street Clematis, FL 33000		5/27/98	500. --
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500. --	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Nurses Assn PAC 600 Maryland Avenue, S.W. #600W Washington, DC 20024		4/2/98	1000. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000. --	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
California Healthcare Assn PAC 40757 125th Lawrenceville, CA 95812		6/2/98	2500. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2500. --	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Beer Wholesalers Assn PAC 11600 S. Washington Street Alexandria, VA 22304		5/27/98	500. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500. --	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NRH Political Victory Fund 11250 Waples Mill Road Fairfax, VA 22030-7400		6/1/98	1000. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000. --	

SUBTOTAL of Receipts This Page (optional)

10,500. --

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from PACs

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

PAGE 5 OF 7
FOR LINE NUMBER 110

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)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NPFB Safe Trust 600 Maryland Ave NW # 700 Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		6/16/98	1,000. -
Aggregate Year-to-Date > \$ 2,000. -			
ANCA Effective Legislative Committee 1455 Pennsylvania Ave NW Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		6/25/98 5/28/98	457,200. - 47,400. -
Aggregate Year-to-Date > \$ 6,000. -			
Merck PAC: U.S. 601 Pennsylvania Ave NW # 1000 Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		6/25/98	2,000. -
Aggregate Year-to-Date > \$ 200. -			
Arthur Andersen PAC 166 K Street NW Washington, DC 20006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		6/26/98	200. -
Aggregate Year-to-Date > \$ 200. -			
ARCO PAC 575 S. Flower Street #4087 Los Angeles, CA 90071 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		6/17/98	1,000. -
Aggregate Year-to-Date > \$ 1,000. -			
Joseph E. Arizona Home PAC 1401 Eye Street NW Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		6/16/98	1,000. -
Aggregate Year-to-Date > \$ 1,000. -			
American Speech-Language-Hearing Assoc PAC 10801 Rockville Pike Rockville, MD 20852 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		6/18/98	500. -
Aggregate Year-to-Date > \$ 500. -			

SUBTOTAL of Receipts This Page (optional)

13,500. -

TOTAL This Period (last page this line number only)

SCHEDULE A ITEMIZED RECEIPTS
Contributions from PACs

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

PAGE 4 OF 7
 FOR LINE NUMBER 11(C)

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)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deayer Corporation PAC Deayer Road Pittsburgh, PA 15205		6/15/98	1,000. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000. --	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Council of Life Insurance PAC 100 Pennsylvania Avenue NW Washington, DC 20004		6/15/98	1,000. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000. --	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Hospital Association 325 17th Street NW Washington, DC 20004		6/13/98	2,500. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,500. --	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronney PAC 1150 15th Street NW Washington, DC 20005		6/2/98	1,000. --
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000. --	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Society of Plastic & Reconstructive Surgeons 444 E. Algonquin Rd. Arlington Heights, IL 60005		6/11/98	1,000. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000. --	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Coalition of American Physicians Federal Action Committee 333A Hope Street 8th Floor Philadelphia, PA 19107		6/3/98	1,000. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000. --	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bechtel PAC P.O. Box 193965 San Francisco, CA 94119		6/2/98	1,000. --
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000. --	

SUBTOTAL of Receipts This Page (optional)

8,500. --

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from PACs

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

PAGE 7 OF 7
FOR LINE NUMBER 110

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)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Assoc of Clinical Urologists PAC (UKOPAC) 1111 Plaza Drive #550 Schuylburg, Ill. 60173		6/30/98	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Reed Thorswick PAC Box 1874 Washington, DC 20036		6/30/98	2000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Western League of Savings & Investments PAC 1960 E. Sand Ave #1000 El Segundo, CA 90245		6/30/98	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
P&C Employees Federal PAC Box 77000 San Francisco, CA 94177		6/25/98	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000.00	
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 > \$	

SUBTOTAL of Receipts This Page (optional) 6,000.00

TOTAL This Period (last page this line number only) 70,750.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 17 OF 17
FOR LINE NUMBER 15

Other 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)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
New Witter Reynolds Inc. 5601 Franklin Avenue Danvers, Ct 06809 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Interest Earned Occupation Aggregate Year-to-Date > \$22,772.45	6-30-98	11,695.97
Vito Fosella for Congress P.O. Box 060249 Staten Island, NY 10306 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	John Depewment Occupation Aggregate Year-to-Date > \$ 1000.00	6/29/98	1000.00
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)

11,695.97

SCHEDULE B ITEMIZED DISBURSEMENTS
Operating Expenditures

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

PAGE 1 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Western Pacific Research 4400 Truxtun Avenue #270 Bakersfield, CA 93309	Advertisement, Catering Airfare, employee Expense. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-15-98	15,150.91
U.S. Post Office 1730 18th Street Bakersfield, CA 93301	Postage Expense. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-20-98 5-20-98	4,000.00 3,200.00
U.S. Bank National P.O. Box 4301 Tampa, FL 33606	Airfare Hotel Co, Catering Expense. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-21-98	2165.49 (100 below)
American Airlines 101 12th Street NW Washington, D.C. 20003	Airfare Expense. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-13-98	200.00 (MEX)
The City Hotel (prime) One Hill Country Drive Repoint, CA 92629	Catering for Event. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-14-98	1083.51 (MEX)
KCYR Voting Service P.O. Box 1201 Bakersfield, CA 93302	Voting Service Contributions Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-22-98	3,000.00
Western Pacific Research 4400 Truxtun Avenue #270 Bakersfield, CA 93309	Radio & TV Advertisements Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-22-98 5-22-98	32,553.70 4,200.00
Allied Sports 2717 Chester Avenue Bakersfield, CA 93301	Gifts for Fundraising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-22-98	418.28
Wall Street Alley T-Shirt Company 3700 Easton #17 Bakersfield, CA 93309	Gifts for Fundraising Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-22-98	534.25

SUBTOTAL of Disbursements This Page (optional)

65,254.63

TOTAL This Period (last page this line number only)

SCHEDULE B ITEMIZED DISBURSEMENTS
Operating Expenditures

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

PAGE 2 OF 3
FOR LINE NUMBER 17

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)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Western Pacific Research 4100 Franklin Avenue #210 Bakersfield CA 93309	Radio Ads, Printing Expenses, Postage, Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-29-98	10,608.51
Western Pacific Research 4100 Franklin Avenue #210 Bakersfield CA 93309	Consulting, Radio Ads, Supplies, Printing Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-29-98	19,110.59
Western Pacific Research 4100 Franklin Avenue #210 Bakersfield CA 93309	Mailing Labels, Employee Expenses, Telephone Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-4-98	11,826.23
280 Factory 3401 Chester Avenue #A Bakersfield, CA 93301	Catering for Event Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-4-98	965.25
Washio Paper P.O. Box 48 Washio CA 93279	Fundraiser Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-4-98	7,371.00
Bakersfield Mini Warehouse 3301 Franklin Avenue Bakersfield, CA 93301	Storage Facility Rental Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-4-98	351.00
Walker Linn Rentals P.O. Box 10512 Bakersfield CA 93309	Equipment Rental for fundraiser Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-10-98	507.02
Western Pacific Research 4100 Franklin Avenue #210 Bakersfield CA 93309	TV Ads, Staff Travel, Telephone, Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-13-98	6,613.09
Artique Leasing 2001 Oak Street Bakersfield, CA 93301	Vehicle Rental Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-30-98	1,525.75

SUBTOTAL of Disbursements This Page (optional)

58,877.44

TOTAL This Period (last page this line number only)

SCHEDULE B **ITEMIZED DISBURSEMENTS**
Operating Expenditures

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

PAGE 3 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
U.I. Bank National P.O. Box 4301 Fargo, ND 58125	Air Travel (Meal Expense) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Supplies.	4-19-98	2215.47 (All below)
American Airlines 1101 17th Street NW #600 Washington, DC 20003	Airfare Expense Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-13-98 5-26-98 5-29-98	800.00 (MEMO) 200.00 (MEMO) 575.50
C. Full Name, Mailing Address and ZIP Code Bistro Restaurant 5701 California Avenue Bakersfield, CA 93309	Catering for Event. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-28-98	720.00 (MEMO)
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)

2215.47

TOTAL This Period (last page this line number only)

126347.54

SCHEDULE B **ITEMIZED DISBURSEMENTS**
Other Disbursements

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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)

Bill Thomas Campaign Committee #C00100537

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Heather Wilson for Congress (NM-1) 5400 San Mateo #6 Albuquerque, NM 87191	Federal Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) #C000304060	5-14-98 6-8-98	1,000.00 1,000.00
Thurel Simpson for Congress (ID-2) 121 N. Oak Street Blackfoot, ID 83721	Federal Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) #C000391397	5-14-98	1,000.00
Bill Goodling for Congress (PA-19) 3110 E. Market Street York, PA 17402	Federal Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) #C00015560	5-17-98	1,000.00
New Mexicans for Bill Redmond (NM-7) P.O. Box 5747 Santa Fe, NM 87502	Federal Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) #C00032612	5-19-98	1,000.00
Chabot for Congress (OH-1) 3933 Glenmore Avenue Cincinnati, OH 45302	Federal Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) #C000301938	6-24-98	1,000.00
Eric Pierozzi for Congress (CA-42) P.O. Box 2203 Rancho Cucamonga, CA 91729	Federal Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) #C00029730	6-26-98	1,000.00
Steve Kuykendall for Congress (CA-36) 21311 Hawthorne Blvd #104 Menlo Park, CA 94025	Federal Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) #C000333575	6-25-98	1,000.00
Ronny Hopper for Congress (CA-24) 19710 Venture Blvd #107 Woodland Hills, CA 91367	Federal Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) #C000326413	6-25-98	1,000.00
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)

9,000.00

TOTAL This Period (last page this line number only)

9,000.00

SCHEDULE C

(Revised 3/80)

Debts Owed to the Committee **LOANS**

Name of Committee (in Full)

Bill Thomas Campaign Committee #C0010051

11
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Full Name, Mailing Address and ZIP Code of Loan Source People for Phil English P.O. Box 1940 Erie, PA 16572 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Original Amount of Loan \$1,000. -	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period \$1,000. -
Terms: Date Incurred <u>4/1/96</u> Date Due <u>12/31/96</u> Interest Rate <u>0</u> % (Apr)		Secured		

List All Endorsers or Guarantors (if any) to item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$
# C002836060			
2. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$

Full Name, Mailing Address and ZIP Code of Loan Source Lindsey Graham for Congress 337 Cypress 123 Anson, SO 29178 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Original Amount of Loan \$1,000. -	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period \$1,000. -
Terms: Date Incurred <u>10/27/94</u> Date Due <u>12/31/95</u> Interest Rate <u>0</u> % (Apr)		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: \$
# C00292007			
2. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Occupation	Amount Guaranteed Outstanding: \$

UBTOTALS This Period This Page (optional) 2,000. --

TOTALS This Period (last page in this form only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Schedule C.

SCHEDULE C

(Revised 3/81)

Debts Owed to the Committee LOANS

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Name of Committee (in Full)
Bill Thomas Campaign Committee #C00100557

A. Full Name, Mailing Address and ZIP Code of Loan Source Ken Calvert for Congress 2038 Clow Street #110 Riverside, CA 92507 (Election District) (Party) (General) (Other (Specify))		Original Amount of Loan \$1,000.00	Cumulative Payment To Date \$	Balance Outstanding at Close of This Period \$1,000.00
Terms: Date Incurred <u>10/31/94</u> Date Due <u>12/31/95</u> Interest Rate <u>0</u> % (apr)		Secured		
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code # C00257337		Name of Employer	[Shaded]	[Shaded]
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer	[Shaded]	[Shaded]
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer	[Shaded]	[Shaded]
		Occupation		
		Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Brian Belmont for Congress 400 Geneva Avenue #102 Memphis, TN 38117 (Election District) (Party) (General) (Other (Specify))		Original Amount of Loan \$1,000.00	Cumulative Payment To Date \$	Balance Outstanding at Close of This Period \$1,000.00
Terms: Date Incurred <u>10/14/94</u> Date Due <u>12/31/95</u> Interest Rate <u>0</u> % (apr)		Secured		
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code # C00289868		Name of Employer	[Shaded]	[Shaded]
		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer	[Shaded]	[Shaded]
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer	[Shaded]	[Shaded]
		Occupation		
		Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional)				2,000.00
TOTALS This Period (last page in this line only)				2,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Schedule D.

SCHEDULE C

Revised 3/80

Debts Owed to the Committee LOANS

5 4
 10/27/94
 12/31/94

Name of Committee (in Full)

Bill Thomas Campaign Committee #C0010051

A. Full Name, Mailing Address and ZIP Code of Loan Source JC White for Congress 703 W 730361 Norman, OK 73071 Election Primary General Other (specify)		Original Amount of Loan \$1,000. -	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period \$1,000. -
Terms: Date Incurred <u>10/27/94</u> Date Due <u>12/31/94</u> Interest Rate <u>0</u> % (APR)		Secured		
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
# C00294145		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source Jack Metzger for Congress 2711 8th Avenue West #A205 Everett, WA 98204 Election Primary General Other (specify)		Original Amount of Loan \$1,000. -	Cumulative Payment To Date 0	Balance Outstanding at Close of This Period \$1,000. -
Terms: Date Incurred <u>10/27/94</u> Date Due <u>12/31/94</u> Interest Rate <u>0</u> % (APR)		Secured		
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code		Name of Employer		
# C00287201		Occupation		
		Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code		Name of Employer		
		Occupation		
		Amount Guaranteed Outstanding: \$		

TOTALS This Period This Page (additional)

TOTALS This Period (last page in this and only)

2,000. -

Carry outstanding balance only to Line 3, Schedule D, for this and, if no Schedule D, carry forward to appropriate line of Schedule C.

SCHEDULE C

(Revised 3/80)

Debts Owed to the Committee **LOANS**

1 4
 9
 1984

Name of Committee (in Full) Bill Thomas Campaign Committee #C0010053			
a. Full Name, Mailing Address and ZIP Code of Loan Source Bob Ehrlich for Congress 1527 York Road Jacksonville, MD 21093 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Original Amount of Loan \$1,000.00	Balance Outstanding at Close of This Period \$1,000.00
Terms: Date Incurred 10/27/94 Date Due 12/31/94 Interest Rate 0%		Secured <input type="checkbox"/>	
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code #C00286963		Name of Employer	[Shaded Area]
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	[Shaded Area]
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	[Shaded Area]
		Occupation	
		Amount Guaranteed Outstanding: \$	
b. Full Name, Mailing Address and ZIP Code of Loan Source John Fox for Congress 96 Skippack Pike Rowles, PA 19002 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan \$1,000.00	Balance Outstanding at Close of This Period \$1,000.00
Terms: Date Incurred 9/30/94 Date Due 12/31/94 Interest Rate 0%		Secured <input type="checkbox"/>	
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code		Name of Employer	[Shaded Area]
		Occupation	
		Amount Guaranteed Outstanding: \$	
2. Full Name, Mailing Address and ZIP Code		Name of Employer	[Shaded Area]
		Occupation	
		Amount Guaranteed Outstanding: \$	
3. Full Name, Mailing Address and ZIP Code		Name of Employer	[Shaded Area]
		Occupation	
		Amount Guaranteed Outstanding: \$	

UBTOTALS This Period This Page (optional)

TOTALS This Period (last page in this line only)

\$ 0.00
\$ 0.00

Carry outstanding balance only to LINE 3 Schedule D for this line if no Schedule D carry form for this period.

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

FORM 1120-SS for
LINE NUMBER 7
(Use separate schedules
for each numbered line)

Name of Committee (in Full) Bill Thomas Campaign 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				
Nature of Debt (Purpose):				
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 in this line only)				0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				8,000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				8,000.00

Owed to Committee

8,000.00
8,000.00

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 7-15-98
<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	
<i>JCH</i> PREPARER	7-19-98 DATE PREPARED