

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)

McCrey for Congress	
ADDRESS (number and street) 333 Texas Street	<input type="checkbox"/> Check if different than previously reported.
CITY, STATE and ZIP CODE Shreveport, LA,	STATED/DISTRICT LA 4

2. FEC IDENTIFICATION NUMBER **124460** OCT 25 9 16 AM '98

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

- | | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> April 15 Quarterly Report | <input checked="" type="checkbox"/> Twelfth day report preceding <u>Primary</u>
(Type of Election) |
| <input type="checkbox"/> July 15 Quarterly Report | election on <u>11/03/98</u> in the State of _____ |
| <input type="checkbox"/> October 15 Quarterly Report | <input type="checkbox"/> Thirtieth day report following the General Election on _____ |
| <input type="checkbox"/> January 31 Year End Report | in the State of _____ |
| <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) | <input type="checkbox"/> Termination Report |

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

SUMMARY

5. Covering Period <u>10/01/98</u> through <u>10/14/98</u>	COLUMN A This Period	COLUMN B Calendar Year-to-date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	\$21300.00	\$223964.50
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$21300.00	\$223964.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$9995.91	\$138327.84
(b) Total Offsets to Operating Expenditures (from Line 14)	\$500.00	\$4982.81
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$9495.91	\$133345.03
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$394611.79	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	

For further information:
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 Mark Garrett	
Signature of Treasurer <i>John Mark Garrett</i>	Date <u>10-16-98</u>

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

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

FEC FORM 3
(Revised 4/87)

Detailed Summary Page
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full) McCrery for Congress	Report Covering the Period: From: 10/01/98 To: 10/14/98	
I. RECEIPTS	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)	\$3200.00	
(ii) Unitemized	\$350.00	
(iii) Total of contributions from individual	\$3550.00	\$95060.00
(b) Political Party Committees	\$0.00	\$19.50
(c) Other Political Committees (such as PACs)	\$17750.00	\$128885.00
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	\$21300.00	\$229864.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) All Other Loans	\$0.00	\$0.00
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$500.00	\$4982.81
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$17803.94
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$21800.00	\$246751.25
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$9995.91	\$138327.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00
(b) Of All Other Loans	\$0.00	\$0.00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00
20. 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 CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$0.00	\$0.00
21. OTHER DISBURSEMENTS	\$6000.00	\$258000.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$16995.91	\$386327.84
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$388607.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$21800.00
25. SUBTOTAL (add Line 23 and Line 24)		\$410607.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)		\$15995.91
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$394611.79

SCHEDULE A

ITEMIZED RECEIPTS

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

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)
McCreery for Congress

Full Name, Mailing Address and Zip Code Malcolm Morris Post Office Box 1311 Leesville, LA 71496-1311 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Morris Insurance Agency Occupation Insurance Agent Aggregate Year-to-Date -> \$200.00	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period \$200.00
Full Name, Mailing Address and Zip Code William Dunlap 3136 Caruth Dallas, TX 75225- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Case/Dunlap Enterprises, Inc. Occupation Owner Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code William Dunlap 3136 Caruth Dallas, TX 75225- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Case/Dunlap Enterprises, Inc. Occupation Owner Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code Mark Provenza 11350 Heritage Oaks Shreveport, LA 71106- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Willis Knighton Medical Center Occupation physician Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period \$1000.00
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
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
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)	\$3200.00
TOTAL This Period (last page this line number only)	\$3200.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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 sources.

NAME OF COMMITTEE (In Full)
 McCrery for Congress

Full Name, Mailing Address and Zip Code Associated Builders & Contractors, Inc. Mr. Charles G. Stoma 1300 North Seventeenth Street Arlington, VA 22209-3801 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Associated Builders & Contract Occupation Govt. Relations Consultants Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code Willamette Industries, Inc. Political Action Committee Mr. Edward E. Smith Natchitoches, LA 71457- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer WILPAC Occupation District Mgr. Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code National Restaurant Association Political Action Committee Mr. Larry Forth Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer National Restaurant Association Occupation Manager - Federal Gov't Relati Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code National Marine Manufactures Association Political Action Committee Ms. Jessica Leonard Washington, DC 20035- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer National Marine Manufactures A Occupation Executive Director Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and zip Code Johnson & Johnson Employees' Good Government Fund Ms. Shannon Salmon Washington, DC 20005- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Johnson & Johnson Employees' G Occupation VP, Federal Relations Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code International Council of Shopping Centers Political Action Committee Ms. Rebecca M. Sullivan Alexandria, VA 22314-1540 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer ICSC PAC Occupation Sr. Director - Gov't Relations Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code International Council of Shopping Centers Political Action Committee Ms. Rebecca M. Sullivan Alexandria, VA 22314-1540 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer ICSC PAC Occupation Sr. Director - Gov't Relations Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the detailed summary page

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)
McCrery for Congress

Full Name, Mailing Address and Zip Code National Association For HomeCare Political Action Committee Val J. Palamandaris Washington, DC 20002- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer NAFHC Occupation Director Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code American Association Of Nurse Anesthetists CRNA PAC Mr. David E. Rebert Washington, DC 20003- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer AANA CRNA PAC Occupation Dir. of Federal Gov't Affairs Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and Zip Code CNA Citizens For Good Government Ms. Carol Verby Pernick 1776 I Street, NW, Suite 770 Washington, DC 20006- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer CNA Insurance Companies Occupation Executive Director Aggregate Year-to-Date -> \$1500.00	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period \$1500.00
Full Name, Mailing Address and Zip Code American Society of Association Executives Political Action Committee Mr. Michael Mings Washington, DC 20005-1368 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer A-PAC Occupation A-PAC Administrator Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code American Association of Clinical Urologists Political Action Committee Mr. Randolph Flenninger Washington, DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer UROPAC Occupation Government Affairs Rep. Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code Columbia HCA Good Government Fund Mr. Daniel Cohen 13455 Noel Road, 20th Floor Dallas, TX 75240- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Principal, Arter & Hadden Occupation Lobbyist Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code American Success Political Action Committee Mr. David Draier Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer American Success PAC Occupation Gov.t Relations Aggregate Year-to-Date -> \$500.00	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional) \$6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule (a) for each category of the detailed Summary Page

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)
McCrery for Congress

Full Name, Mailing Address and Zip Code American Wood Preservers Institute Political Action Committee Mr. Scott Rasminger Fairfax, VA 22031-4312 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer American Wood Preservers PAC Occupation Gov't Affairs Fed. PAC Coordin Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period \$250.00
Full Name, Mailing Address and Zip Code AFLAC Industries Political Action Committee Mr. Donald C. Evans Washington, DC 20004- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Evans and Associates Occupation Lobbyist Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/13/98	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code American Neurological Society Political Action Committee Ms. Katherine O. Orrico Washington, DC 20044-0135 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer American Neurological Soc. Occupation Treasurer Aggregate Year-to-Date -> \$3000.00	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period \$3000.00
Full Name, Mailing Address and Zip Code Quest Diagnostics Employees Political Action Committee Ms. Carolyn McCarthy Washington, DC 20005-3305 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Quest Diagnostics Inc. Occupation V-President of Government Rela Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/14/98	Amount of Each Receipt this Period \$1000.00
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
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
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)	\$5250.00
TOTAL This Period (last page this line number only)	\$17750.00

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 sources.

NAME OF COMMITTEE (In Full)
 McCreery for Congress

Full Name, Mailing Address and Zip Code Department of Revenue and Taxation Post Office Box 91010 Baton Rouge, LA 70821- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) 10/13/98 \$500.00	Amount of Each Receipt this Period \$500.00
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
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
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
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
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
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
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)	\$500.00
TOTAL This Period (last page this line number only)	\$500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
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)
 McCreery for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BallSouth Post Office Box 66002 New Orleans, LA 70166-6002	telephone service Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	\$270.74
Wendy Byers 9811 East Trails End Shreveport, LA 71118-	salary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/98	\$1660.48
Deposit Guaranty National Bank CNB Tower 333 Texas Street Shreveport, LA 71101-	payroll taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/01/98	\$579.12
Federal Express Post Office Box 1140 Memphis, TN 38101-1140	shipping costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	\$13.50
Hilburn Printing 4428 Youree Drive Shreveport, LA 71105-	printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	\$311.98
Morris Insurance Agency Mr. Malcolm Morris Post Office Box 1311 Leesville, LA 71496-1311	reimburse fundraising expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	\$926.48
Music Mountain Post Office Box 44126 Shreveport, LA 71134-	office supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	\$32.31

SUBTOTAL of Disbursements This Page (optional)	\$3794.61
TOTAL This Period (last page this line number only)	

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)
 McCreery for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Querbes-Coleman No. 1 207 Milan Street, Suite C Shreveport, LA 71101-	lease payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/09/98	\$794.37
Full Name, Mailing Address and Zip Code Shreveport/Bossier Washington Mardi Gras Post Office Box 1780 shreveport, LA 71166-1780	Purpose of Disbursement Shreveport Suite Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 10/09/98	Amount of Each Disbursement This Period \$5000.00
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
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
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
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
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)	\$5794.37
TOTAL This Period (last page this line number only)	\$9588.98

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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)
McCrary for Congress

Full Name, Mailing Address and Zip Code	Purpose of Disbursement contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Matt Amorella for Congress Mr. Matt Amorella 50 Lake Avenue Worcester, MA 01604-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/98	\$1000.00
New Conservative Leadership Fund 220 South Washington Alexandria, VA 22314-	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/98	\$5000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	\$6000.00
TOTAL This Period (last page this line number only)	\$6000.00

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>10-19-98</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
<input type="checkbox"/> Electronic Filing	
<i>JM 13</i> PREPARER	<i>10-25-98</i> DATE PREPARED