

Association of State Democratic Chairs



RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

JUL 31 3 22 PM '99

Joan Menard
President

Mr. Neil Evans
Federal Elections Commission
999 E Street, NW
Washington, DC 20463

July 29, 1999

Mr. Evans:

I am hereby submitting the 1999 mid-year report for the ASDC/Dollars for Democrats Account.

Please do not hesitate to contact Tim Tringhese or me if you have any questions or need additional information.

Sincerely,

Ann Fishman
Executive Director

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

(revised 1/1/91)

NAME OF COMMITTEE ASDC/Dollars for Democrats C00073791		REPORT COVERING PERIOD FROM 01/01/1999 TO 06/30/1999	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	34,789.15	34,789.15	11(a)(i)
ii. Unitemized	2,265,695.42	2,265,695.42	11(a)(ii)
iii. Total (add i and ii) >	2,300,484.57	2,300,484.57	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a, b and c) >	2,300,484.57	2,300,484.57	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received	150,000.00	150,000.00	13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,450,484.57	2,450,484.57	19
20. Total Federal Receipts (subtract line 18 from line 19) >	2,450,484.57	2,450,484.57	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share	1,268,648.57	1,268,648.57	21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a, b and c) >	1,083,915.01	1,083,915.01	21
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made	100,000.00	100,000.00	26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,452,563.58	2,452,563.58	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,452,563.58	2,452,563.58	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,300,484.57	2,300,484.57	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,300,484.57	2,300,484.57	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	1,268,648.57	1,268,648.57	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	1,268,648.57	1,268,648.57	37

ITEMIZED RECEIPTS

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ASDC/DOLLARS FOR DEMOCRATS
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FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(S)	AMT OF EACH RECEIPT
MR STEPHEN DOLT 1408 P ST ANCHORAGE AK 99501	UNIVERSITY OF ANCHORAGE ALASKA PROFESSOR	300.00	05/13/99 - 05/13/99 -	100.00 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MS ROSEMARY FISH 864D WILLINA ANCHORAGE AK 99504	ANCHORAGE SCHOOL DIST. TEACHER	400.00	01/13/99 - 05/06/99 -	250.00 150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR MARK JONES 1840 SOUTH BRAGAW SUITE 101 ANCHORAGE AK 99508	UNISERV DIRECTOR NEA - ALASKA	240.00	03/05/99 - 05/13/99 - 06/03/99 -	60.00 20.00 180.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR GENE KULAWIK 3215 WESTMAR CIRCLE ANCHORAGE AK 99508	DOT STATE MAINTENANCE ENGINEER	300.00	02/04/99 - 06/03/99 -	200.00 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR BRYAN TIMBERS PO BOX 61 MOME AK 99762	LARSON TIMBERS & THOMAS, P.C. ATTORNEY	240.00	02/04/99 -	240.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR & MRS WILLIE BRYANT 704 9TH CT WEST BIRMINGHAM AL 35204	RETIRED	240.00	04/09/99 - 04/09/99 -	220.00 20.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR JOHN HECHINGER SR 2838 CHAIN BRIDGE RD NW WASHINGTON DC 20016	RETIRED	300.00	04/09/99 -	300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				

SUBTOTAL of Receipts This Page

\$2020.00

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FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(S)	AMT OF EACH RECEIPT
NRS ESTHER STEVENS 100 MADISON ST N W WASHINGTON DC 20011	RETIRED	240.00	04/09/99 -	240.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MS KATKLEEN CIFELLI 3307 SE 17TH AVE CAPE CORAL FL 33904	HOUSEWIFE	400.00	02/25/99 - 05/27/99 -	200.00 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MS LINDA DIRKSEN 7422 SOMERSET SHORES CT ORLANDO FL 32819	HARCOURT GENERAL, INC. ATTORNEY	240.00	04/01/99 -	240.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MS MARGARET FULLER 3825 GULF DR WEST SAWDELL FL 33957	RETIRED	500.00	01/28/99 - 05/21/99 -	250.00 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR JACK KLEIN JR 2299 NW 56TH ST BOCA RATON FL 33496	REFUSED	240.00	04/26/99 -	240.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
NRS HARRIETT LAKE 210 RIVERBEND COURT LONGWOOD FL 32779	HOUSEWIFE	240.00	03/25/99 -	240.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MS ADRIENNE PRONOFF 19041 NE 23RD AVE MIAMI FL 33180	ADRIENNE F PRONOFF P.A. ATTORNEY	250.00	04/01/99 -	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				

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\$2110.00

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FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(\$)	AMT OF EACH RECEIPT
MRS FERN ROSE 529 SOUTH FLAGLER DR APT 17E WEST PALM BEACH FL 33401 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	240.00	05/21/99 -	240.00
MR ROBERT MALMBORG 763 HILLPINE TERR NE ATLANTA GA 30306 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	AMERICAN COURT REPORTING CO. (INC.) PRESIDENT	500.00	03/30/99 -	500.00
MR STEPHEN BALDERSON 4915 COUNTRY CLUB BLVD DES MOINES IA 50312 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	STONE CONTAINER PACKAGE DESIGN	310.00	02/09/99 - 02/09/99 - 03/16/99 - 05/13/99 - 05/20/99 -	100.00 120.00 20.00 50.00 20.00
MR ROBERT CASPER BOX 329 WINTERSET IA 50273 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SELF-EMPLOYED	240.00	03/25/99 -	240.00
MR TERRY PICKETT 407 PEARSON AVE AMES IA 50014 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SELF-EMPLOYED CONSULTANT	250.00	04/16/99 -	250.00
MR RONALD RIEPER 4608 SW 15TH ST DES MOINES IA 50315 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SELF-EMPLOYED	240.00	05/13/99 -	240.00
MRS MARILYNNE SUMMERS 313 RIVER ST IOWA CITY IA 52246 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	UNIVERSITY OF IOWA PROFESSOR	240.00	03/30/99 -	240.00

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\$2020.00

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FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(S)	AMT OF EACH RECEIPT
MR JAMES WARD 4045 46TH ST DES MOINES IA 50310 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	REFUSED	300.00	02/25/99 - 03/16/99 - 06/17/99 -	100.00 100.00 100.00
GARY & MARY WEAVER 1805 B AVE RIPPEY IA 50235 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	STATE OF IOWA NURSE	480.00	04/29/99 - 05/28/99 -	240.00 240.00
MR STEVEN WHITEHEAD 930 44TH ST WEST DES MOINES IA 50265 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	CORNERSTONE MANAGEMENT BUSINESS OWNER	350.00	02/04/99 - 02/25/99 - 05/28/99 - 06/04/99 -	125.00 125.00 50.00 50.00
MS LAUREL SMITH 719 W RIDGELINE DR BOISE ID 83702 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SCP GLOBAL TECHNOLOGIES MARKETING MANAGER	275.00	01/11/99 - 02/09/99 - 04/29/99 -	75.00 100.00 100.00
MR THEODORE WATANABE 642 LINCOLN IDAHO FALLS ID 83401 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	240.00	06/14/99 -	240.00
MR EUGENE CRAWFORD 929 LILY DR LEXINGTON KY 40504 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	500.00	06/17/99 -	500.00
MS ANN FRIEDMAN 9118 REDWOOD AVE BETHESDA MD 20817 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	MONTGOMERY ACADEMY SCHOOL TEACHER	250.00	06/15/99 -	250.00

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\$2395.00

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MRS JOAN KORASIK 2011 LUZERNE AVE SILVER SPRING MD 20910 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	250.00	02/26/99 - 06/22/99 -	100.00 150.00
MANCY KARRD 14805 PENNSFIELD CIRCLE - 208 SILVER SPRING MD 20906 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED HOUSEWIFE	237.15	02/26/99 - 02/26/99 -	85.00 152.15
MR ISIAH LEGGETT 4401 DUSTIN RD BURTONVILLE MD 20866 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	REQUESTED	240.00	03/16/99 -	240.00
MR DAVID WOODROW SWAN JR 12604 LONGWATER MITCHELLVILLE MD 20721 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	BELL ATLANTIC MANAGER	240.00	03/18/99 -	240.00
MS NORMA MARIN CAPE SPIT RRBOX 460 ADDISON ME 04606 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	230.00	04/19/99 -	230.00
MR RICHARD BAKER 18090 GREENLAWN ST DETROIT MI 48221 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	CITY OF DETROIT LAW ENFORCEMENT	240.00	04/26/99 -	240.00
DR JOHN BILLI MD 1439 BURGUNDY ANN ARBOR MI 48105 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	UNIVERSITY OF MICHIGAN PHYSICIAN	250.00	02/25/99 - 06/13/99 -	100.00 150.00

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\$1687.15

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MRS MARY SUSAN CONNOLLY 42341 COTSWOLD CT NORTHVILLE MI 48167 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SELF-EMPLOYED ATTORNEY	240.00	02/02/99 -	240.00
ROBERT EDWARDS 3793 GUN LAKE RD HASTINGS MI 49058 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SELF-EMPLOYED	240.00	03/30/99 -	240.00
MS REMONA GREEN 1300 LAFAYETTE E APT 1606 DETROIT MI 48207 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	240.00	03/12/99 -	240.00
PAUL & DIANA MARIE JACOBS 28690 WINTERGREEN CT FARMINGTON HILLS MI 48331 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	MADONB CO ATTORNEY	450.00	02/16/99 - 06/22/99 -	200.00 250.00
MR ALLEN LASKOWSKI 4145 DOVER LN BAY CITY MI 48706 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	GENERAL MOTORS UAW INTERNATIONAL REPRESENTATIVE	240.00	02/16/99 - 04/29/99 - 06/03/99 - 06/17/99 -	20.00 40.00 20.00 160.00
MS LINDA MYERS 2364 COYOTE CREEK DR OKEMOS MI 48864 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	MICHIGAN EDUCATION ASSOC. LOBBYIST	300.00	03/13/99 -	300.00
MR JACK STAMP 1905 S VAN DYKE RD MARLETTE MI 48453 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SELF-EMPLOYED FARMING	240.00	04/14/99 -	240.00

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\$1950.00

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IRENE & RODGER WILL 17689 PARK LANE GROSSE ILE MI 48138 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	FELMAN/LORIA/DOWNING/SCHWEIDER & SIMPSON LAWYER	240.00	04/01/99 -	240.00
SUSAN & GRANT HAWTHORNE 4230 ABBOTT AVE S MINNEAPOLIS MN 55410 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	MCGRAW-HILL HEALTHCARE EDITOR	220.00	02/18/99 - 03/09/99 -	110.00 110.00
MRS SUSAN JOHNSON 646 FERNDALE RD W WAYZATA MN 55391 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SELF-EMPLOYED	350.00	03/23/99 - 06/29/99 -	250.00 100.00
MR A. SHEFFER LANG 12 CROCUS HILL SAINT PAUL MN 55102 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	400.00	01/14/99 - 05/20/99 -	200.00 200.00
MR CHARLES LECK 15 COPELAND RD MAPLE PLAIN MN 55359 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SELF-EMPLOYED	250.00	03/12/99 - 06/17/99 -	100.00 150.00
MRS LADEAN MCWILLIAMS 1130 WILLOW DR S BOX 21 CRYSTAL BAY MN 55323 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	HENNINGEN COUNTY RETIRED	250.00	01/24/99 -	250.00
MRS JEANNE TOLLEFSON 114 FRONT ST PO BOX 95 SUNBURG MN 56289 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	TELEISON OIL INCORPORATED BOOKKEEPER	250.00	03/16/99 - 06/09/99 - 06/29/99 -	50.00 100.00 100.00

SUBTOTAL of Receipts This Page

\$1960.00

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CLAY BARTON PO BOX 406 OAK GROVE MO 64075 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	BARTON & HALL PC ATTORNEY	240.00	05/20/99 -	240.00
MR KENNETH MCCLAIN 3574 S DOTTAGE INDEPENDENCE MO 64055 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	HUMPHRY, FARINGTON & MCCLAIN ATTORNEY	300.00	02/18/99 - 04/01/99 - 05/13/99 -	120.00 60.00 120.00
MS MILDRED H. REITER 9 CHATEAU LN ARNOLD MO 63010 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	REITER ENTERPRISES INC. SELF-EMPLOYED	240.00	04/14/99 -	240.00
ANTHONY & CAROL SESTRIC 3967 HOLLY HILLS ST LOUIS MO 63116 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SELF-EMPLOYED LAWYER	240.00	02/18/99 -	240.00
MRS JANE STRANDBERG 2510 GRAND #2403 KANSAS CITY MO 64108 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	HOUSEWIFE	240.00	05/20/99 -	240.00
MR & MRS PAUL STURGEON ONE SUNRISE CIR CENTRALIA MO 65240 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	REFUSED	240.00	04/09/99 -	240.00
MR THOMAS DRAKE GARLITZ 4434 MULLENS FORD RD CHARLOTTE NC 28226 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	CANSLER LOCKHART ATTORNEY	250.00	03/07/99 -	250.00

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\$1750.00

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FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(S)	AMT OF EACH RECEIPT
MS REBECCA INGLEFIELD 510 11TH AVE PL NW HICKORY NC 28601	SELF-EMPLOYED ATTORNEY	305.00	02/04/99 - 02/24/99 -	65.00 240.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR ROBERT STAMEY 754 COUNTY RD WAYNESVILLE NC 28786	RETIRED	300.00	03/16/99 - 06/25/99 -	100.00 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
ROBERT & ALICE GANSKOP 7353 109TH ST NW FLAXTON ND 58737	REQUESTED	240.00	02/19/99 - 06/10/99 -	120.00 120.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR CECIL BYKERK 9643 ORK CIR OMAHA NE 68124	MUTUAL OF OMAHA ACTUARY	250.00	01/24/99 - 05/27/99 -	125.00 125.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
SUSAN B THOMAS DAVIES 1507 W 51ST ST OMAHA NE 68104	SELF EMPLOYED MINISTER & COMPUTER PROGRAMMER	220.00	02/11/99 - 04/16/99 -	100.00 120.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR GARY LEYPOLDT 5017 PRINCE RD LINCOLN NE 68516	HNSS F&S STATE OF NEBRASKA ADMINISTRATOR	250.00	02/04/99 - 06/10/99 -	200.00 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
DR SYED MORJUDPTN 12531 SHAWROCK RD OMAHA NE 68154	CREIGHTON UNIVERSITY PHYSICIAN	250.00	03/04/99 - 06/10/99 -	100.00 150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				

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51815.00

ITEMIZED RECEIPTS

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FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(S)	AMT OF EACH RECEIPT
MR KEITH SINMONS 106 S 126 CIR OMAHA NE 68154 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	AUTOMATIONS INC. PROGRAMMER	400.00	03/04/99 - 05/27/99 -	250.00 150.00
MRS D VANVLECK 930 EVERGREEN DR LINCOLN NE 68510 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	HOUSEWIFE	252.00	04/16/99 -	252.00
MR ELTON BROWN 1773 S ROOSEVELT RD 6 1/2 PORTALES NM 88130 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SELF-EMPLOYED FARMER	240.00	03/04/99 -	240.00
MR PAUL KREMBIEL 705 FITCH SODDARD NM 87801 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	NEW MEXICO TECH TEACHER	245.00	02/24/99 - 06/15/99 -	120.00 125.00
MR HENRY BARKHORN 1095 PARK AVE APT 7B NEW YORK NY 10128 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	FIDUCIARY TRUST CO. BANKER	250.00	02/17/99 -	250.00
MR ROBERT BINGHAM 36 WHITE ST 4 NEW YORK NY 10013 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	DOUBLE DAY WRITER	1000.00	03/22/99 -	1000.00
MR JOHN BOUDREAU 15 CONCORD AVE LARCHMONT NY 10538 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	IBM EDITOR OF A WEBSITE	240.00	02/09/99 -	240.00

SUBTOTAL of Receipts This Page

\$2627.00

ITEMIZED RECEIPTS

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FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(S)	AMT OF EACH RECEIPT
MR RONALD FREEMAN 330 E 33RD ST APT 6M NEW YORK NY 10016	SELF-EMPLOYED ATTORNEY	700.00	03/02/99 - 04/14/99 -	350.00 350.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR JACK FRIEDMAN 129 AUDLEY ST RICHMOND HILL NY 11418	FRANKLIN NURSING HOME ADMINSTRATOR-CFO	220.00	06/17/99 -	220.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MS PATRICIA GEOGHEGAN 655 PARK AVENUE, APT 3B NEW YORK NY 10021	CRAVATH, AWAKNE & MOORE LAWYER	250.00	03/09/99 - 06/20/99 -	100.00 150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MRS MARILYN GREENBERG 360 E 72ND ST APT A402 NEW YORK NY 10021	RETIRED	350.00	02/17/99 - 06/21/99 -	100.00 250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR ROBERT HARDY 380 RECTOR PL 24E NEW YORK NY 10280	M.J. MEEHAN STOCKBROKER	300.00	05/06/99 -	300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
WILLIAM & SUSAN KORNBLUM 145 E OLIVE ST LONG BEACH NY 11561	CITY UNIVERSITY OF NY PROFESSOR	250.00	03/05/99 - 06/29/99 -	100.00 150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR JAMES LEOWITH 59 E SHORE RD HALESITE NY 11743	RETIRED	250.00	02/24/99 - 03/30/99 - 06/02/99 -	100.00 100.00 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				

SUBTOTAL of Receipts This Page

\$2320.00

ITEMIZED RECEIPTS

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FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(S)	AMT OF EACH RECEIPT
MR CHARLES LESLIE 131 PRINCE ST APT 4A NEW YORK NY 10012	CO-OWNER OF COMPANY PRESIDENT	250.00	02/10/99 - 06/27/99 -	100.00 150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR ANTHONY MAHLER 4661 PALISADE AVE PVT BRONX NY 10471	KPMG-LLP CONSULTANT	240.00	03/16/99 - 06/14/99 -	20.00 220.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MRS BARBARA MAIR 24 SPRING ST PLEASANTVILLE NY 10570	RETIRED	440.00	04/09/99 - 06/10/99 -	240.00 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MS LOUISE MCCAGG 32 WASHINGTON SQ WEST APT 11W NEW YORK NY 10011	SELF-EMPLOYED ARTIST	500.00	03/16/99 -	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR RICHARD SHAPIRO 139 E 36TH ST APT 5 NEW YORK NY 10016	SELF-EMPLOYED ATTORNEY	240.00	03/02/99 -	240.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
L KOGOD & DAVID SMILEY 301 W 108TH ST APT 5A NEW YORK NY 10025	SELF EMPLOYED ARCHITECT	500.00	03/30/99 -	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR DONALD STEVER 157 HILLARD AV SLEEPY HOLLOW NY 10591	DEWEY BALLINTINE LLP ATTORNEY	400.00	03/16/99 - 04/06/99 -	200.00 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				

SUBTOTAL of Receipts This Page

\$2570.00

ITEMIZED RECEIPTS

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FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(S)	AMT OF EACH RECEIPT
DERM & MAROLYN BALDWIN 23505 HWY 36 CHESHIRE OR 97419 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	250.00	01/08/99 - 06/11/99 -	100.00 150.00
MR DARRELL RAY BASS 3866 SE TAYLOR ST APT 27 PORTLAND OR 97214 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	HILTON HOTEL HELPS IN HOTEL	260.00	02/25/99 - 06/17/99 - 06/29/99 -	60.00 100.00 100.00
CHARLES & KYLE FUCHS 1620 NW WALMER DR PORTLAND OR 97229 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	PEDIATRIC/INTERNIST EVERGREEN PEDIATRICS/KAISER PERMANENTE	500.00	06/17/99 -	500.00
MS LINDA HUBBARD 838 FAIRMAY VIEW DR EUGENE OR 97401 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	240.00	03/09/99 -	240.00
BETTY JO & ROGER HUFF PO BOX 186 MOUNT HOOD PARKDALE OR 97041 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	310.00	02/25/99 - 06/29/99 -	110.00 200.00
MR STEPHEN LARSON 2406 NE HALSEY ST PORTLAND OR 97232 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	BONNEVILLE POWER ADMINISTRATION LAWYER	205.00	01/28/99 - 01/28/99 - 06/29/99 -	60.00 45.00 100.00
MR ALBERT MCKAY 2970 INGALLS WAY EUGENE OR 97405 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SELF-EMPLOYED CONTRACTOR	250.00	02/06/99 -	250.00

SUBTOTAL of Receipts This Page

\$2015.00

ITEMIZED RECEIPTS

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FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(S)	AMT OF EACH RECEIPT
MR JOSEPH TRELEAVEN 5228 SAUMILL RD S SALEM OR 97302 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	300.00	04/16/99 -	300.00
MR CLIFF HUDSON 1525 CLASSEN DR OKLAHOMA CITY OK 73106 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	U OF OKLAHOMA EPIDEMIOLOGIST	300.00	01/21/99 - 03/11/99 - 04/16/99 -	100.00 100.00 100.00
MR JAMES SHAW RR 2 BOX 1320 PERKINS OK 74059 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	OKLAHOMA STATE UNIVERSITY PROFESSOR	290.00	02/22/99 - 06/16/99 -	240.00 50.00
MR LUCAS DARGAN 1124 SD CHARLESTON RD DARLINGTON SC 29532 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SELF-EMPLOYED CONSULTANT	240.00	03/25/99 -	240.00
MS BESS LAWTON BOX 68 GARNETT SC 29922 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	250.00	03/04/99 - 03/11/99 - 06/25/99 -	100.00 100.00 50.00
MR HOYT ROWELL 130 CHARLESTON BLVD. ISLE OF PALMS SC 29451 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	NESS-MOTLEY ATTORNEY	240.00	03/04/99 -	240.00
MRS SARA SCHACK 132 CHURCH STREET CHARLESTON SC 29401 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	250.00	03/04/99 -	250.00

SUBTOTAL of Receipts This Page

\$1870.00

ITEMIZED RECEIPTS

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FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(S)	AMT OF EACH RECEIPT
MR WAYNE HAWLEY 1926 THIRD ST BROOKINGS SD 57006	RETIRED	210.00	02/04/99 - 02/16/99 - 05/27/99 -	100.00 60.00 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
NELVA & ROLAND KRISTOFFERSON BOX 130 BRITTON SD 57430	MARSHALL COUNTY TREASURER	250.00	03/31/99 -	250.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR DARRELL SOLBERG 6904 W SAGANDRE CIR SIOUX FALLS SD 57106	DDS SALES TRAINING SALES TRAINER	300.00	02/24/99 - 06/04/99 -	250.00 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR MATT SWEENEY 619 VOSSWOOD DR NASHVILLE TN 37205	TUKYOPP & SWEENEY LAWYER	1000.00	06/10/99 -	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR & MRS SPIDER BYNUM 4512 SOUTHERN HIGHLAND PARK TX 75205	SELF-EMPLOYED ATTORNEY	400.00	03/09/99 - 03/30/99 -	200.00 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MR RALPH CAVINESS PO BOX 1033 CHANDLER TX 75758	SOUTHWESTERN BELL INSTALLATION TECHNICIAN	370.00	03/23/99 - 04/06/99 - 06/29/99 -	110.00 110.00 150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				
MS BETSY CHADDEROON FRANTZ 2415 SHAKESPEARE #1 HOUSTON TX 77030	UNIVERSITY OF TEXAS-AUSTIN FUNDRAISER	400.00	04/06/99 - 05/14/99 -	200.00 200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____				

SUBTOTAL of Receipts This Page

62930.00

ITEMIZED RECEIPTS

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FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(S)	AMT OF EACH RECEIPT
ROBERT BUGGER #10 WOLFE STREET ALEXANDRIA VA 22314 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	TUDOR INVESTMENT CORP ECONOMIST	240.00	05/20/99 -	240.00
MR DAVID GUTHRIE 4548 HERMITAGE LANE GLOUCESTER VA 23061 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	REFUSED	240.00	04/09/99 -	240.00
BILL & SCHUYLER LIVINGSTON 2019 SCROGGINS ALEXANDRIA VA 22302 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	REQUESTED	300.00	05/20/99 -	300.00
MR REXFORD PARR JR 9733 ZIMBRO AVE MANASSAS VA 22111 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	DIDLAKE INC. EXECUTIVE	240.00	04/26/99 -	240.00
MS JANE STRAUSS 1316 ROCKLAND TER MCLEAN VA 22101 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	REFUSED	240.00	04/09/99 -	240.00
MR RICHARD WILSON 6616 HALTHWISTLE LANE ALEXANDRIA VA 22315 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	220.00	03/04/99 - 03/18/99 - 06/25/99 -	60.00 60.00 100.00
MR JOHN DEWANE PO BOX 1507 MANITOWOC WI 54201 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	300.00	04/16/99 -	300.00

SUBTOTAL of Receipts This Page

\$1780.00

ITEMIZED RECEIPTS

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FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(S)	AMT OF EACH RECEIPT
MR CHRISTOPHER GILMORE 37 OLD SHORE RD MADISON WI 53706 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	SELF-EMPLOYED	250.00	03/17/99 -	250.00
MR JOHN HOLBROOK JR 7641 FARMINGTON WAY MADISON WI 53717 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	QUARLES & BRADY LAWYER	240.00	04/09/99 -	240.00
MRS ANNIE HEARRE 716 S 4TH ST LARAMIE WY 82070 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	REQUESTED	240.00	04/26/99 - 06/17/99 -	120.00 120.00
MRS RICHARD SALMELA 742 10TH ST EVANSTON WY 82930 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	REQUESTED	240.00	02/18/99 - 05/20/99 -	120.00 120.00
SUBTOTAL of Receipts This Page		\$970.00		
GRAND TOTAL THIS PERIOD (01/01/1999-06/30/1999)		\$34789.15		

SCHEDULE B

ITEMIZED DISBURSEMENT

Use Separate schedule(s)
for each category of the
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1	5
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21b	

Operating Expenditures - Other Federal Operating Expenditures (B - Line 21b)

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NAME OF COMMITTEE (In Full)		Association of State Democratic Chairs-Dollars for Democrats C00073791	
A. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Reorder checks Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/04/1999	Amount of Each Disbursement This Period \$44.00
B. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Interest payment on Line of Credit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/04/1999	Amount of Each Disbursement This Period \$1,122.92
C. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/29/1999	Amount of Each Disbursement This Period \$1,642.09
D. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Line of Credit Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/29/1999	Amount of Each Disbursement This Period \$2,500.00
E. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Line of Credit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/23/1999	Amount of Each Disbursement This Period \$1,065.62
F. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/26/1999	Amount of Each Disbursement This Period \$1,170.56
G. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/26/1999	Amount of Each Disbursement This Period \$1,447.33
H. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Interest payment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/01/1999	Amount of Each Disbursement This Period \$1,001.04
I. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Bank Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/27/1999	Amount of Each Disbursement This Period \$2,861.24
SUBTOTAL of Disbursements This page (Optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENT

Use Separate schedule(s)
for each category of the
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FOR LINE NUMBER 21b

Operating Expenditures - Other Federal Operating Expenditures (B - Line 21b)

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NAME OF COMMITTEE (In Full) Association of State Democratic Chairs-Dollars for Democrats 00073791

A. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Line of Credit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/27/1999	Amount of Each Disbursement This Period \$968.75
B. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Reorder Checks Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/28/1999	Amount of Each Disbursement This Period \$70.00
C. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Line of Credit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/27/1999	Amount of Each Disbursement This Period \$1,001.05
D. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Bank Analysis Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/27/1999	Amount of Each Disbursement This Period \$3,786.72
E. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Analysis Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/25/1999	Amount of Each Disbursement This Period \$2,568.29
F. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/15/1999	Amount of Each Disbursement This Period \$29,482.13
G. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$43,484.66
H. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/27/1999	Amount of Each Disbursement This Period \$66,705.10
I. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/08/1999	Amount of Each Disbursement This Period \$25,857.64
SUBTOTAL of Disbursements This page (Optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENT

Use Separate schedule(s)
for each category of the
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FOR LINE NUMBER 216

Operating Expenditures - Other Federal Operating Expenditures (B - Line 21b)

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

NAME OF COMMITTEE (In Full)		Association of State Democratic Chelms-Dollars for Democrats 000073781	
A. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/10/1999	Amount of Each Disbursement This Period \$60,296.62
B. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/24/1999	Amount of Each Disbursement This Period \$76,023.85
C. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/24/1999	Amount of Each Disbursement This Period \$84,249.71
D. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/10/1999	Amount of Each Disbursement This Period \$71,327.82
E. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/17/1999	Amount of Each Disbursement This Period \$69,501.17
F. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/17/1999	Amount of Each Disbursement This Period \$62,585.24
G. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/24/1999	Amount of Each Disbursement This Period \$44,963.93
H. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) (04/01/1999	Amount of Each Disbursement This Period \$81,776.53
I. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/08/1999	Amount of Each Disbursement This Period \$9,427.46
SUBTOTAL of Disbursements This page (Optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENT

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

PAGE 4 OF 5
FOR LINE NUMBER 215

Operating Expenditures - Other Federal Operating Expenditures (B - Line 21b)

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

NAME OF COMMITTEE (In Full)		Association of State Democratic Chairs-Dollars for Democrats C00073791	
A. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/14/1999	Amount of Each Disbursement This Period \$51,720.11
B. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/27/1999	Amount of Each Disbursement This Period \$22,983.95
C. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/28/1999	Amount of Each Disbursement This Period \$46,388.02
D. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/07/1999	Amount of Each Disbursement This Period \$11,059.65
E. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/12/1999	Amount of Each Disbursement This Period \$70,886.00
F. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/20/1999	Amount of Each Disbursement This Period \$34,414.99
G. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/27/1999	Amount of Each Disbursement This Period \$65,158.36
H. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/04/1999	Amount of Each Disbursement This Period \$50,919.61
I. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/15/1999	Amount of Each Disbursement This Period \$69,230.59
SUBTOTAL of Disbursements This page (Optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENT

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

PAGE 5 OF 5
FOR LINE NUMBER 21b

Operating Expenditures - Other Federal Operating Expenditures (B - Line 21b)

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

NAME OF COMMITTEE (In Full)		Association of State Democratic Chairs-Dollars for Democrats C00073791	
A. Full name, Mailing Address and ZIP code Meyer Associates 14 North Seventh Avenue St. Cloud, MN 56303	Purpose of Disbursement Fundraising fee	Date (month, day, year) 06/15/1999	Amount of Each Disbursement This Period \$98,955.82
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. 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)		
C. 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)		
D. 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)		
E. 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)		
F. 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)		
G. 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)		
H. 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)		
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)			
TOTAL This Period (last page this line number only)			\$1,268,648.57

SCHEDULE B

ITEMIZED DISBURSEMENT

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

PAGE	OF
1	13
FOR LINE NUMBER	
22	

Transfers to Affiliated/Other Party Committees (B - Line 22)

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) Association of State Democratic Chairs-Dollars for Democrats C00073791

A. Full name, Mailing Address and ZIP code Alabama Democratic Party 290 21st St., North, Ste. 405 Birmingham, AL 35203	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$5,340.19
B. Full name, Mailing Address and ZIP code Alabama Democratic Party 290 21st St., North, Ste. 405 Birmingham, AL 35203	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$500.00
C. Full name, Mailing Address and ZIP code Alaska Democratic Party 1441 W. Northern Lights, Ste.C Anchorage, AK 99503	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$16,828.86
D. Full name, Mailing Address and ZIP code Alaska Democratic Party 1441 W. Northern Lights, Ste.C Anchorage, AK 99503	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$10,000.00
E. Full name, Mailing Address and ZIP code Arkansas Democratic Party 1300 West Capitol Little Rock, AR 72201	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$5,871.41
F. Full name, Mailing Address and ZIP code Arkansas Democratic Party 1300 West Capitol Little Rock, AR 72201	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$2,000.00
G. Full name, Mailing Address and ZIP code ASDC/Federal Operating Account 430 South Capitol St., SE Washington, DC 20003	Purpose of Disbursement DFD SP Dues Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/16/1999	Amount of Each Disbursement This Period \$25,000.00
H. Full name, Mailing Address and ZIP code California Democratic Party 911 20th Street, Suite 100 Sacramento, CA 95814	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$293.03
I. Full name, Mailing Address and ZIP code Connecticut Democratic Party 380 Franklin Avenue Hartford, CT 06114	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$3,500.00

SUBTOTAL of Disbursements This page (Optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENT

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

PAGE 2 OF 13
FOR LINE NUMBER 22

Transfers to Affiliated/Other Party Committees (B - Line 22)

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) Association of State Democratic Chairs-Dollars for Democrats C00073791

A. Full name, Mailing Address and ZIP code Connecticut Democratic Party 380 Franklin Avenue Hartford, CT 06114	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/12/1999	Amount of Each Disbursement This Period \$5,000.00
B. Full name, Mailing Address and ZIP code DC Democratic Party 499 S. Capitol Street, S.W. Washington, D. . 20003	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$2,638.25
C. Full name, Mailing Address and ZIP code DC Democratic Party 499 S. Capitol Street, S.W. Washington, D. . 20003	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$500.00
D. Full name, Mailing Address and ZIP code Florida Democratic Party PO Box 1758 Tallahassee, FL 32302	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$8,447.57
E. Full name, Mailing Address and ZIP code Florida Democratic Party PO Box 1758 Tallahassee, FL 32302	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$15,000.00
F. Full name, Mailing Address and ZIP code Georgia Democratic Party 1100 Spring Street, Ste. 710 Atlanta, GA 30309	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$4,340.92
G. Full name, Mailing Address and ZIP code Georgia Democratic Party 1100 Spring Street, Ste. 710 Atlanta, GA 30309	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$5,000.00
H. Full name, Mailing Address and ZIP code Idaho Democratic Party P.O. Box 445 Boise, ID 83701	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$19,767.22
I. Full name, Mailing Address and ZIP code Idaho Democratic Party P.O. Box 445 Boise, ID 83701	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$8,000.00
SUBTOTAL of Disbursements This page (Optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENT

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

PAGE 3 OF 13
FOR LINE NUMBER 22

Transfers to Affiliated/Other Party Committees (B - Line 22)

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NAME OF COMMITTEE (In Full)		Association of State Democratic Chairs-Dollars for Democrats 000073791	
A. Full name, Mailing Address and ZIP code Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/20/1999	Amount of Each Disbursement This Period \$13,000.00
B. Full name, Mailing Address and ZIP code Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/27/1999	Amount of Each Disbursement This Period \$12,500.00
C. Full name, Mailing Address and ZIP code Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/23/1999	Amount of Each Disbursement This Period \$12,500.00
D. Full name, Mailing Address and ZIP code Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/17/1999	Amount of Each Disbursement This Period \$25,000.00
E. Full name, Mailing Address and ZIP code Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/23/1999	Amount of Each Disbursement This Period \$12,500.00
F. Full name, Mailing Address and ZIP code Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/23/1999	Amount of Each Disbursement This Period \$12,500.00
G. Full name, Mailing Address and ZIP code Iowa Democratic Party 5661 Fleur Drive Des Moines, IA 50321	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/23/1999	Amount of Each Disbursement This Period \$12,500.00
H. Full name, Mailing Address and ZIP code Kansas Democratic Party P.O. Box 1914 Topeka, KS 66601	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$16,865.12
I. Full name, Mailing Address and ZIP code Kansas Democratic Party P.O. Box 1914 Topeka, KS 66601	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$10,000.00
SUBTOTAL of Disbursements This page (Optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENT

Use Separate schedule(a)
for each category of the
Detailed Summary Page

PAGE 4 OF 13
FOR LINE NUMBER 27

Transfers to Affiliated/Other Party Committees (B - Line 22)

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) Association of State Democratic Chairs-Dollars for Democrats C00073791

A. Full name, Mailing Address and ZIP code Kentucky Democratic Party 190 Democrat Drive Frankfort, KY 40601	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$12,019.66
B. Full name, Mailing Address and ZIP code Kentucky Democratic Party 190 Democrat Drive Frankfort, KY 40601	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$1,000.00
C. Full name, Mailing Address and ZIP code Louisiana Democratic Party 263 3rd Street, Ste. 102 Baton Rouge, LA 70801	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$1,554.60
D. Full name, Mailing Address and ZIP code Louisiana Democratic Party 263 3rd Street, Ste. 102 Baton Rouge, LA 70801	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$1,000.00
E. Full name, Mailing Address and ZIP code Maine Democratic Party Post Office Box 5258 Augusta, ME 04332-5258	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$2,921.21
F. Full name, Mailing Address and ZIP code Maine Democratic Party Post Office Box 5258 Augusta, ME 04332-5258	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/23/1999	Amount of Each Disbursement This Period \$6,000.00
G. Full name, Mailing Address and ZIP code Maine Democratic Party Post Office Box 5258 Augusta, ME 04332-5258	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$3,000.00
H. Full name, Mailing Address and ZIP code Maine Democratic Party Post Office Box 5258 Augusta, ME 04332-5258	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/12/1999	Amount of Each Disbursement This Period \$2,000.00
I. Full name, Mailing Address and ZIP code Maryland Democratic Party 188 Main Street, Ste. 1 Annapolis, MD 21401	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/15/1999	Amount of Each Disbursement This Period \$3,000.00

SUBTOTAL of Disbursements This page (Optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENT

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

PAGE	OF
5	13
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22	

Transfers to Affiliated/Other Party Committees (B - Line 22)

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)		Association of State Democratic Chairs-Dollars for Democrats 000073791	
A. Full name, Mailing Address and ZIP code Maryland Democratic Party 188 Main Street, Ste. 1 Annapolis, MD 21401	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$237.22
B. Full name, Mailing Address and ZIP code Maryland Democratic Party 188 Main Street, Ste. 1 Annapolis, MD 21401	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/15/1999	Amount of Each Disbursement This Period \$6,500.00
C. Full name, Mailing Address and ZIP code Maryland Democratic Party 188 Main Street, Ste. 1 Annapolis, MD 21401	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/15/1999	Amount of Each Disbursement This Period \$6,500.00
D. Full name, Mailing Address and ZIP code Maryland Democratic Party 188 Main Street, Ste. 1 Annapolis, MD 21401	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/15/1999	Amount of Each Disbursement This Period \$6,500.00
E. Full name, Mailing Address and ZIP code Maryland Democratic Party 188 Main Street, Ste. 1 Annapolis, MD 21401	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/15/1999	Amount of Each Disbursement This Period \$6,500.00
F. Full name, Mailing Address and ZIP code Maryland Democratic Party 188 Main Street, Ste. 1 Annapolis, MD 21401	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/15/1999	Amount of Each Disbursement This Period \$6,500.00
G. Full name, Mailing Address and ZIP code Massachusetts Democratic Party 133 Portland St., 5th Floor Boston, MA 02114	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$93.55
H. Full name, Mailing Address and ZIP code Michigan Democratic Party 606 Townsend Lansing, MI 48933	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/12/1999	Amount of Each Disbursement This Period \$15,000.00
I. Full name, Mailing Address and ZIP code Michigan Democratic Party 606 Townsend Lansing, MI 48933	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/15/1999	Amount of Each Disbursement This Period \$15,000.00
SUBTOTAL of Disbursements This page (Optional)			
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SCHEDULE B

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FOR LINE NUMBER 29

Transfers to Affiliated/Other Party Committees (B - Line 22)

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) Association of State Democratic Chairs-Dollars for Democrats C00073791

A. Full name, Mailing Address and ZIP code Michigan Democratic Party 606 Townsend Lansing, MI 48933	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/15/1999	Amount of Each Disbursement This Period \$15,000.00
B. Full name, Mailing Address and ZIP code Michigan Democratic Party 606 Townsend Lansing, MI 48933	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/15/1999	Amount of Each Disbursement This Period \$20,000.00
C. Full name, Mailing Address and ZIP code Michigan Democratic Party 606 Townsend Lansing, MI 48933	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/12/1999	Amount of Each Disbursement This Period \$15,000.00
D. Full name, Mailing Address and ZIP code Michigan Democratic Party 606 Townsend Lansing, MI 48933	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/15/1999	Amount of Each Disbursement This Period \$15,000.00
E. Full name, Mailing Address and ZIP code Michigan Democratic Party 606 Townsend Lansing, MI 48933	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/15/1999	Amount of Each Disbursement This Period \$15,000.00
F. Full name, Mailing Address and ZIP code Minnesota DFL 352 Wacouta St. St. Paul, MN 55101	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/15/1999	Amount of Each Disbursement This Period \$25,000.00
G. Full name, Mailing Address and ZIP code Minnesota DFL 352 Wacouta St. St. Paul, MN 55101	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/15/1999	Amount of Each Disbursement This Period \$25,000.00
H. Full name, Mailing Address and ZIP code Minnesota DFL 352 Wacouta St. St. Paul, MN 55101	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/15/1999	Amount of Each Disbursement This Period \$25,000.00
I. Full name, Mailing Address and ZIP code Minnesota DFL 352 Wacouta St. St. Paul, MN 55101	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/15/1999	Amount of Each Disbursement This Period \$25,000.00
SUBTOTAL of Disbursements This page (Optional)			
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Transfers to Affiliated/Other Party Committees (B - Line 22)

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)		Association of State Democratic Chairs-Dollars for Democrats C00073791	
A. Full name, Mailing Address and ZIP code Minnesota DFL 352 Wacouta St. St. Paul, MN 55101	Purpose of Disbursement monthly disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/15/1999	Amount of Each Disbursement This Period \$25,000.00
B. Full name, Mailing Address and ZIP code Minnesota DFL Party 352 Wacouta Street St. Paul, MN 55101	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/12/1999	Amount of Each Disbursement This Period \$25,000.00
C. Full name, Mailing Address and ZIP code Mississippi Democratic Party P.O. Box 1583 Jackson, MS 39215	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$1,683.79
D. Full name, Mailing Address and ZIP code Mississippi Democratic Party P.O. Box 1583 Jackson, MS 39215	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$1,000.00
E. Full name, Mailing Address and ZIP code Missouri Democratic Party P.O. Box 719 Jefferson City, MO 65102	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/13/1999	Amount of Each Disbursement This Period \$7,000.00
F. Full name, Mailing Address and ZIP code Missouri Democratic Party P.O. Box 719 Jefferson City, MO 65102	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/27/1999	Amount of Each Disbursement This Period \$10,000.00
G. Full name, Mailing Address and ZIP code Nebraska Democratic Party 985 South 27th Street Lincoln, NE 68510	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/04/1999	Amount of Each Disbursement This Period \$10,000.00
H. Full name, Mailing Address and ZIP code Nebraska Democratic Party 985 South 27th Street Lincoln, NE 68510	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$9,056.57
I. Full name, Mailing Address and ZIP code New Hampshire Democratic Party 150 N. Main Street Concord, NH 03301	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$25.47
SUBTOTAL of Disbursements This page (Optional)			
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Transfers to Affiliated/Other Party Committees (B - Line 22)

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NAME OF COMMITTEE (in Full) Association of State Democratic Chairs-Dollars for Democrats C00073791

A. Full name, Mailing Address and ZIP code New Jersey Democratic Party 150 West State Street Trenton, NJ 08608	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$159.00
B. Full name, Mailing Address and ZIP code New Mexico Democratic Party 227 San Pedro NE Albuquerque, NM 87108	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/12/1999	Amount of Each Disbursement This Period \$5,000.00
C. Full name, Mailing Address and ZIP code New Mexico Democratic Party 227 San Pedro NE Albuquerque, NM 87108	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$31.47
D. Full name, Mailing Address and ZIP code New Mexico Democratic Party 227 San Pedro NE Albuquerque, NM 87108	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/24/1999	Amount of Each Disbursement This Period \$6,000.00
E. Full name, Mailing Address and ZIP code New York Democratic Party 60 Madison Ave., Ste. 1201 New York, NY 10010	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$1,680.59
F. Full name, Mailing Address and ZIP code North Carolina Democratic Party PO Box 12196 Raleigh, NC 27605	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$30,833.46
G. Full name, Mailing Address and ZIP code North Carolina Democratic Party PO Box 12196 Raleigh, NC 27605	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$20,000.00
H. Full name, Mailing Address and ZIP code North Dakota Democratic Party 1902 East Divide Avenue Bismarck, ND 58501	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$2,110.76
I. Full name, Mailing Address and ZIP code North Dakota Democratic Party 1902 East Divide Avenue Bismarck, ND 58501	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$10,000.00
SUBTOTAL of Disbursements This page (Optional)			
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Transfers to Affiliated/Other Party Committees (B - Line 22)

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NAME OF COMMITTEE (In Full)		Association of State Democratic Chairs-Dollars for Democrats 00073791	
A. Full name, Mailing Address and ZIP code Oklahoma Democratic Party P.O. Box 25426 Oklahoma City, OK 73125	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$10,000.00
B. Full name, Mailing Address and ZIP code Oklahoma Democratic Party P.O. Box 25426 Oklahoma City, OK 73125	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$10,000.00
C. Full name, Mailing Address and ZIP code Oregon Democratic Party 711 SW Alder 306 Portland, OR 97205	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/12/1999	Amount of Each Disbursement This Period \$5,500.00
D. Full name, Mailing Address and ZIP code Oregon Democratic Party 711 SW Alder 306 Portland, OR 97205	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/15/1999	Amount of Each Disbursement This Period \$5,500.00
E. Full name, Mailing Address and ZIP code Oregon Democratic Party 711 SW Alder 306 Portland, OR 97205	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/15/1999	Amount of Each Disbursement This Period \$6,500.00
F. Full name, Mailing Address and ZIP code Oregon Democratic Party 711 SW Alder 306 Portland, OR 97205	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/15/1999	Amount of Each Disbursement This Period \$6,500.00
G. Full name, Mailing Address and ZIP code Oregon Democratic Party 711 SW Alder 306 Portland, OR 97205	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/15/1999	Amount of Each Disbursement This Period \$6,500.00
H. Full name, Mailing Address and ZIP code Oregon Democratic Party 711 SW Alder 306 Portland, OR 97205	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/15/1999	Amount of Each Disbursement This Period \$6,500.00
I. Full name, Mailing Address and ZIP code Rhode Island Democratic Party 321 S. Main Street, Ste. 400 Providence, RI 02903	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$282.38
SUBTOTAL of Disbursements This page (Optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B

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Transfers to Affiliated/Other Party Committees (B - Line 22)

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NAME OF COMMITTEE (in Full)		Association of State Democratic Chairs-Dollars for Democrats 000073791	
A. Full name, Mailing Address and ZIP code South Carolina Democratic Party P.O. Box 5965 Columbia, SC 29250	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$15,785.26
B. Full name, Mailing Address and ZIP code South Carolina Democratic Party P.O. Box 5965 Columbia, SC 29250	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$7,000.00
C. Full name, Mailing Address and ZIP code South Dakota Democratic Party PO Box 737 Sioux Falls, SD 57101	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/12/1999	Amount of Each Disbursement This Period \$2,500.00
D. Full name, Mailing Address and ZIP code South Dakota Democratic Party PO Box 737 Sioux Falls, SD 57101	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/11/1999	Amount of Each Disbursement This Period \$2,500.00
E. Full name, Mailing Address and ZIP code South Dakota Democratic Party PO Box 737 Sioux Falls, SD 57101	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/15/1999	Amount of Each Disbursement This Period \$2,500.00
F. Full name, Mailing Address and ZIP code South Dakota Democratic Party PO Box 737 Sioux Falls, SD 57101	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/15/1999	Amount of Each Disbursement This Period \$3,000.00
G. Full name, Mailing Address and ZIP code South Dakota Democratic Party PO Box 737 Sioux Falls, SD 57101	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/15/1999	Amount of Each Disbursement This Period \$3,000.00
H. Full name, Mailing Address and ZIP code South Dakota Democratic Party PO Box 737 Sioux Falls, SD 57101	Purpose of Disbursement monthly disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/15/1999	Amount of Each Disbursement This Period \$3,000.00
I. Full name, Mailing Address and ZIP code Tennessee Democratic Party 1808 West End Avenue, Ste. 515 Nashville, TN 37203	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$19,226.83
SUBTOTAL of Disbursements This page (Optional)			
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Transfers to Affiliated/Other Party Committees (B - Line 22)

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NAME OF COMMITTEE (In Full)		Association of State Democratic Chairs-Dollars for Democrats 000073791	
A. Full name, Mailing Address and ZIP code Tennessee Democratic Party 1808 West End Avenue, Ste. 515 Nashville, TN 37203	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$10,000.00
B. Full name, Mailing Address and ZIP code Texas Democratic Party 919 Congress Ave. Suite 600 Austin, TX 78701	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$10,761.87
C. Full name, Mailing Address and ZIP code Texas Democratic Party 919 Congress Ave. Suite 600 Austin, TX 78701	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/15/1999	Amount of Each Disbursement This Period \$15,000.00
D. Full name, Mailing Address and ZIP code Texas Democratic Party 919 Congress Ave. Suite 600 Austin, TX 78701	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/15/1999	Amount of Each Disbursement This Period \$15,000.00
E. Full name, Mailing Address and ZIP code Texas Democratic Party 919 Congress Ave. Suite 600 Austin, TX 78701	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/15/1999	Amount of Each Disbursement This Period \$15,000.00
F. Full name, Mailing Address and ZIP code Texas Democratic Party 919 Congress Ave. Suite 600 Austin, TX 78701	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/15/1999	Amount of Each Disbursement This Period \$15,000.00
G. Full name, Mailing Address and ZIP code Vermont Democratic Party PO Box 1142 Burlington, VT 05402	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$7,258.16
H. Full name, Mailing Address and ZIP code Vermont Democratic Party PO Box 1142 Burlington, VT 05402	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$5,000.00
I. Full name, Mailing Address and ZIP code Virginia Democratic Party 1108 E. Main St., 2nd Floor Richmond, VA 23219	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$68,446.00
SUBTOTAL of Disbursements This page (Optional)			
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Transfers to Affiliated/Other Party Committees (B - Line 22)

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NAME OF COMMITTEE (In Full)		Association of State Democratic Chair-Dollars for Democrats 000073791	
A. Full name, Mailing Address and ZIP code Virginia Democratic Party 1108 E. Main St., 2nd Floor Richmond, VA 23219	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$30,000.00
B. Full name, Mailing Address and ZIP code Virginia Democratic Party 1108 E. Main St., 2nd Floor Richmond, VA 23219	Purpose of Disbursement Interim Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/08/1999	Amount of Each Disbursement This Period \$15,000.00
C. Full name, Mailing Address and ZIP code West Virginia Democratic Party 405 Capitol Street, Ste. 404 Charleston, WV 25301	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/22/1999	Amount of Each Disbursement This Period \$852.53
D. Full name, Mailing Address and ZIP code West Virginia Democratic Party 405 Capitol Street, Ste. 404 Charleston, WV 25301	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/09/1999	Amount of Each Disbursement This Period \$500.00
E. Full name, Mailing Address and ZIP code Wisconsin Democratic Party 222 State Street, Suite 400 Madison, WI 53703	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/12/1999	Amount of Each Disbursement This Period \$6,000.00
F. Full name, Mailing Address and ZIP code Wisconsin Democratic Party 222 State Street, Suite 400 Madison, WI 53703	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/13/1999	Amount of Each Disbursement This Period \$6,000.00
G. Full name, Mailing Address and ZIP code Wisconsin Democratic Party 222 State Street, Suite 400 Madison, WI 53703	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/13/1999	Amount of Each Disbursement This Period \$6,000.00
H. Full name, Mailing Address and ZIP code Wisconsin Democratic Party 222 State Street, Suite 400 Madison, WI 53703	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/13/1999	Amount of Each Disbursement This Period \$6,000.00
I. Full name, Mailing Address and ZIP code Wisconsin Democratic Party 222 State Street, Suite 400 Madison, WI 53703	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/13/1999	Amount of Each Disbursement This Period \$6,000.00
SUBTOTAL of Disbursements This page (Optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B

ITEMIZED DISBURSEMENT

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

PAGE OF
13 13
FOR LINE NUMBER
22

Transfers to Affiliated/Other Party Committees (B - Line 22)

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)		Association of State Democratic Chairs-Dollars for Democrats C00073791	
A. Full name, Mailing Address and ZIP code Wisconsin Democratic Party 222 State Street, Suite 400 Madison, WI 53703	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/13/1999	Amount of Each Disbursement This Period \$7,000.00
B. Full name, Mailing Address and ZIP code Wyoming Democratic Party PO Box 5044 Cheyenne, WY 82003	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/12/1999	Amount of Each Disbursement This Period \$3,000.00
C. Full name, Mailing Address and ZIP code Wyoming Democratic Party PO Box 5044 Cheyenne, WY 82003	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 02/15/1999	Amount of Each Disbursement This Period \$3,000.00
D. Full name, Mailing Address and ZIP code Wyoming Democratic Party PO Box 5044 Cheyenne, WY 82003	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/15/1999	Amount of Each Disbursement This Period \$3,000.00
E. Full name, Mailing Address and ZIP code Wyoming Democratic Party PO Box 5044 Cheyenne, WY 82003	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 04/15/1999	Amount of Each Disbursement This Period \$3,000.00
F. Full name, Mailing Address and ZIP code Wyoming Democratic Party PO Box 5044 Cheyenne, WY 82003	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 05/15/1999	Amount of Each Disbursement This Period \$3,000.00
G. Full name, Mailing Address and ZIP code Wyoming Democratic Party PO Box 5044 Cheyenne, WY 82003	Purpose of Disbursement Proceeds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 06/15/1999	Amount of Each Disbursement This Period \$3,000.00
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)			
TOTAL This Period (last page this line number only)			\$1,083,915.01

SCHEDULE B

ITEMIZED DISBURSEMENT

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

PAGE 1 OF 1
FOR LINE NUMBER 26

Loan Repayments Made (B - Line 26)

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)		Association of State Democratic Chairs-Dollars for Democrats 00007379	
A. Full name, Mailing Address and ZIP code First National Bank of Maryland PO Box 2458 Falls Church, VA 22042	Purpose of Disbursement Line of Credit Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 01/04/1999	Amount of Each Disbursement This Period \$100,000.00
B. 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
C. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full name, Mailing Address and ZIP code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This page (Optional)			
TOTAL This Period (last page this line number only)			\$100,000.00

LOANS

Name of Committee (in Full)

ASDC/Dollars for Democrats C00073791

A. Full Name, Mailing Address and ZIP Code of Loan Source First National Bank of Maryland 25 South Charles Street Baltimore, MD 21202 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan (draw on line of credit) 150,000.00	Cumulative Payment To Date -0-	Balance Outstanding at Close of This Period 150,000.00
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Terms: Date Invoiced 01/08/1999 Date Due 07/31/1999 Interest Rate prime % (apr) Secured

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

1. Full Name, Mailing Address and ZIP Code ASDC/Dollars for Democrats 430 South Capitol St., SE Washington, DC 20003	Name of Employer Occupation Amount Guaranteed Outstanding: \$ 150,000.00	
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 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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Terms: Date Invoiced _____ Date Due _____ Interest Rate _____ % (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: \$	
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: \$	

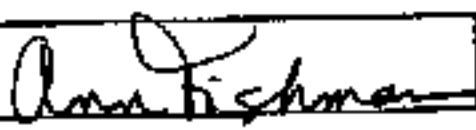
SUBTOTALS This Period This Page (optional)	\$ 150,000.00
TOTALS This Period (last page in this line only)	\$ 150,000.00

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

SCHEDULE C-1
Federal Election Commission
Washington, D.C. 20463

Supplementary for Information
found on Page 1 of Schedule C

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

NAME OF COMMITTEE (IN FULL) ASDC/Dollars for Democrats C00073791		FEC IDENTIFICATION NUMBER C00073791	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) First National Bank of Maryland (All First) 25 South Charles Street Baltimore, MD 21201		AMOUNT OF LOAN \$250000 maximum line of credit	INTEREST RATE (APR) prime
		DATE INCURRED OR ESTABLISHED 01/08/1999	DATE DUE 07/31/1999
A. Has loan been restructured? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, date originally incurred: <u>05/30/1997</u>			
B. If line of credit, amount of this draw: <u>\$150,000.00</u> ; total outstanding balance: <u>\$150,000.00</u>			
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>contributions receivable, cash on deposit</u> What is the value of this collateral? <u>varies according to bank and contributions receivable balances</u>			
Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <u>future contributions</u> What is the estimated value? <u>\$150,000.00</u> A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: <u>10/21/1995</u> Location of account: <u>First National Bank of Maryland (All First)</u>			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER TYPED NAME <u>Ann Fishman</u>		SIGNATURE 	DATE <u>29 July 1999</u>
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.			
AUTHORIZED REPRESENTATIVE Derek K. Harps		TITLE Vice President	DATE <u>7/29/99</u>
TYPED NAME Derek K. Harps		SIGNATURE 