

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

FEB 14 7 25 AM '98

1. NAME OF COMMITTEE (in full) Massachusetts Congressional Victory Fund		2. FEC IDENTIFICATION NUMBER C00202319
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
P.O. Box 180240 CITY, STATE and ZIP CODE Boston, MA 02118		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid-Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____
- (b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>7/1/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 1997			\$ 7895.68
(b) Cash on Hand at Beginning of Reporting Period		\$ 691.51	
(c) Total Receipts (from line 1B)		\$ 3655.00	\$ 7480.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 4346.51	\$ 15375.88
7. Total Disbursements (from Line 3D)		\$ 4275.36	\$ 15304.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 71.15	\$ 71.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 8039.16	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Nancy G. Clapp

Signature of Treasurer
Nancy G. Clapp

Date
1/31/98

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

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

(revised 1/1/91)

NAME OF COMMITTEE Massachusetts Congressional Victory Fund		REPORT COVERING PERIOD FROM: 7/1/97 TO: 12/31/97	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		1050.00	2550.00
ii. Unitemized		2605.00	4930.00
iii. Total (add i and ii)		3655.00	7480.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a iii, b and c)		3655.00	7480.00
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)		3655.00	7480.00
20. Total Federal Receipts (subtract line 16 from line 19)		3655.00	7480.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		2525.36	13054.73
c. Total Operating Expenditures (Add a i, a ii, and b)		2525.36	13054.73
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		1750.00	2250.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (Add a, b and c)			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		4275.36	15304.73
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		4275.36	15304.73
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		3655.00	7480.00
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		3655.00	7480.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		2525.36	13054.73
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35)		2525.36	13054.73

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (If Full)
Massachusetts Congressional Victory Fund

FEC ID No. **C00282319**

A. Full Name, Mailing Address and ZIP Code Mrs. Howard K. Booth 7 Paul Revere Road Worcester, MA 01609	Name of Employer Retired	Date (month, day, year) 7/22/97	Amount of Each Receipt this Period 500.00
	Occupation		
	Aggregate Year-To-Date \$	500.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Stephanie D. Myers 51 East Concord Street Boston, MA 02118	Name of Employer Raytheon	Date (month, day, year) 7/15/97	Amount of Each Receipt this Period 250.00
	Occupation		
	Aggregate Year-To-Date \$	250.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Charles de Ganahl 85 Wapoo Trail Chatham, MA 02633	Name of Employer Retired	Date (month, day, year) 8/6/97	Amount of Each Receipt this Period 300.00
	Occupation		
	Aggregate Year-To-Date \$	300.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date \$		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date \$		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date \$		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Aggregate Year-To-Date \$		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	1050.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Massachusetts Congressional Victory Fund
 FEC ID No. C00282319

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SCM Associates P.O. Box 240 Boston, MA 02118	Direct Mail		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	1/28/97	2900.00
	<input type="checkbox"/> Other (specify)	1/30/97	2126.96
B. Full Name, Mailing Address and ZIP Code Cato Institute 1000 Mass. Avenue, NW Washington, DC 20001	Donation		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/6/97	1000.00
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Reed Copywriting 326 N. Pearl Street Granville, OH 43023	Copywriting		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/24/97	200.00
	<input type="checkbox"/> Other (specify)	8/6/97	200.00
		12/15/97	
D. Full Name, Mailing Address and ZIP Code ProPrint 410 Boylston Street Boston, MA 02116	Printing		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/24/97	301.35
	<input type="checkbox"/> Other (specify)	8/6/97	372.75
		12/15/97	
E. Full Name, Mailing Address and ZIP Code SCM Associates P.O. Box 240 Boston, MA 02118	Direct Mail		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/24/97	478.65
	<input type="checkbox"/> Other (specify)	8/27/97	14.75
		12/15/97	
F. Full Name, Mailing Address and ZIP Code Groundswell Direct 220 N. 1st Street Albert City, IA 50510	Telemarketing		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	7/28/98	750.00
	<input type="checkbox"/> Other (specify)	8/6/97	54.66
G. Full Name, Mailing Address and ZIP Code West Publishing P.O. Box 6187 Carol Stream, IL 60197	Publication		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	12/3/97	63.20
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Bank of Boston 210 Berkeley Street Boston, MA 02116	Bank Fees		
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	12/31/97	196.01
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code			
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 13054.73

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Massachusetts Congressional Victory Fund
 FEC ID No. C00282319

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Mass. Republican Party - Congressional Acct. 114 State Street Boston, MA 02109	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	7/28/97	1000.00
	<input type="checkbox"/> Other (specify)	12/22/97	500.00
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 Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Weller for Congress P.O. Box 37 Joliet, IL 60434	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	7/28/97	250.00
	<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)	1750.00
TOTAL This Period (last page this line number only)	1750.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
 Massachusetts Congressional Victory Fund
 FEC ID No. C00282319

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Reed Copywriting 326 N. Pearl Street Granville, OH 43023	Copywriting	8/6/97	200.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/97	200.00
B. Full Name, Mailing Address and ZIP Code SCH Associates P.O. Box 240 Boston, MA 02118	Direct Mail	8/27/97	478.65
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/97	14.75
C. Full Name, Mailing Address and ZIP Code Groundswell Direct 220 N. 1st Street Albert City, IA 50510	Telemarketing	7/28/97	750.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/6/97	54.66
D. Full Name, Mailing Address and ZIP Code West Publishing P.O. Box 6187 Carol Stream, IL 60197	Publications	12/3/97	63.20
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Bank of Boston 210 Berkeley Street Boston, MA 02116	Bank Fees	12/31/97	90.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code ProPrint 410 Boylston Street Boston, MA 02116	Printing	8/6/97	301.35
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/97	372.75
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)	2525.36
TOTAL This Period (last page this line number only)	2525.36

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Massachusetts Congressional Victory Fund				
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
SCM Associates P.O. Box 240 Boston, MA 02118	8517.83	-0-	478.65	8039.18
Nature of Debt (Purpose): Direct Mail Fundraising				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
ProPrint 410 Boylston Street Boston, MA 02116	674.10	-0-	674.10	-0-
Nature of Debt (Purpose): Printing				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				8039.18
2) TOTALS This Period (last page this line only)				8039.18
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				8039.18

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 1-30-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
MVD	2-4-98
PREPARER	DATE PREPARED