

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

| | |
|--|--|
| 1. NAME OF COMMITTEE (in full) Value in Electing Women Political Action Committee | RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM JUN 19 3 30 PM '98 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1156 21st Street, NW, Suite 300 | 2. FEC IDENTIFICATION NUMBER C00327189 |
| CITY, STATE and ZIP CODE Washington, DC 20036 | 3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee. (see FEC FORM 1M) |

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

Termination Report

Monthly Report Due On:

| | | |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input checked="" type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

Twelfth day report preceding _____
(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

| 5. Covering Period | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|---|
| 05/01/98 through 05/31/98 | | |
| 6. (a) Cash on Hand January 1, 19 98 | | \$ 71,258.65 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 41,892.22 | |
| (c) Total Receipts (from Line 19) | \$ 16,626.00 | \$ 30,425.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 58,517.22 | \$ 101,683.65 |
| 7. Total Disbursements (from Line 20) | \$ 19,993.50 | \$ 63,159.93 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 38,523.72 | \$ 38,523.72 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | For further information contact: Federal Election Commission 888 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) | \$ 0.00 | |

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
Barbara W. Bonfiglio

Signature of Treasurer

Barbara W. Bonfiglio

Date

6/16/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM SX

(revised 1/1/91)

| NAME OF COMMITTEE Value In Electing Women Political Action Committee | REPORT COVERING PERIOD FROM 05/01/98 TO: 05/31/98 | | |
|---|--|---------------------------|------------|
| | 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) | 8,625.00 | 18,625.00 | 11(a)(i) |
| ii. Unitemized | 0.00 | 800.00 | 11(a)(ii) |
| iii. Total (add i and ii) > | 8,625.00 | 19,425.00 | 11(a)(iii) |
| b. Political Party Committees | 0.00 | 0.00 | 11(b) |
| c. Other Political Committees (such as PACs) | 8,000.00 | 11,000.00 | 11(c) |
| d. Total Contributions (add a iii, b and c) > | 16,625.00 | 30,425.00 | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 | 12 |
| 13. All Loans Received | 0.00 | 0.00 | 13 |
| 14. Loan Repayments Received | 0.00 | 0.00 | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0.00 | 0.00 | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | 0.00 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 16,625.00 | 30,425.00 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | 16,625.00 | 30,425.00 | 20 |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | 0.00 | 0.00 | 21(a)(i) |
| ii. Non-Federal Share | 0.00 | 0.00 | 21(a)(ii) |
| b. Other Federal Operating Expenditures | 493.50 | 4,659.93 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) > | 493.50 | 4,659.93 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 19,500.00 | 58,500.00 | 23 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 | 25 |
| 26. Loan Repayments Made | 0.00 | 0.00 | 26 |
| 27. Loans Made | 0.00 | 0.00 | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | 28(a) |
| b. Political Party Committees | 0.00 | 0.00 | 28(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 28(c) |
| d. Total Contribution Refunds (add a, b and c) > | 0.00 | 0.00 | 28(d) |
| 29. Other Disbursements | 0.00 | 0.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 19,983.50 | 63,159.93 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | 19,983.50 | 63,159.93 | 31 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 16,625.00 | 30,425.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 16,625.00 | 30,425.00 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | 493.50 | 4,659.93 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | 493.50 | 4,659.93 | 37 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11c

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)
Value in Electing Women Political Action Committee

| | | | |
|---|------------------|-------------------------|------------------------------------|
| A. Full Name, Mailing Address and ZIP Code BANG ONE PAC 100 E. Broad St. Columbus, OH 43271-0251 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 05/01/98 | |
| Aggregate Year-to-Date > \$ 1,000.00 | | | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code Aetna Life & Casualty PAC Hartford, CT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 05/01/98 | |
| Aggregate Year-to-Date > \$ 1,000.00 | | | 1,000.00 |
| C. Full Name, Mailing Address and ZIP Code The Washington Fund 100 112th Ave., NE Room 204 Bellevue, WA 98004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 06/05/98 | |
| Aggregate Year-to-Date > \$ 1,000.00 | | | 1,000.00 |
| D. Full Name, Mailing Address and ZIP Code American Speech-Language Assoc. PAC 10801 Rockville Pike Rockville, MD 20852 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 05/05/98 | |
| Aggregate Year-to-Date > \$ 1,000.00 | | | 1,000.00 |
| E. Full Name, Mailing Address and ZIP Code Food Distributors Voice in Politics 201 Park Washington Ct. Falls Church, VA 22046 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 06/05/98 | |
| Aggregate Year-to-Date > \$ 1,000.00 | | | 1,000.00 |
| F. Full Name, Mailing Address and ZIP Code General Electric PAC 1299 Pennsylvania Ave., N.W. Washington, DC 20004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 05/06/98 | |
| Aggregate Year-to-Date > \$ 1,000.00 | | | 1,000.00 |
| G. Full Name, Mailing Address and ZIP Code Flower PAC FTD Assoc. 666 Pennsylvania Ave., S.E. Washington, DC 20003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 05/05/98 | |
| Aggregate Year-to-Date > \$ 1,000.00 | | | 1,000.00 |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional) | 7,000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF **2**
FOR LINE NUMBER **11 c**

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

NAME OF COMMITTEE (in Full)
Value In Electing Women Political Action Committee

| | | | |
|---|--------------------------------------|-------------------------|------------------------------------|
| A. Full Name, Mailing Address and ZIP Code Friends of Bill Emerson P.O. Box 822 Capa Girardeau, MO 63701 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | 05/14/98 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,000.00 | | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |

SUBTOTAL of Receipts This Page (optional) **1,000.00**

TOTAL This Period (last page this line number only) **8,000.00**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11 a i

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)
Value in Electing Women Political Action Committee

| | | | |
|---|---|--|---|
| A. Full Name, Mailing Address and ZIP Code Judy Black 208 Virginia Ave. Alexandria, VA 22302-2408 | Name of Employer TicketMaster | Date (month, day, year) 05/01/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Lobbyist | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| B. Full Name, Mailing Address and ZIP Code Karen Judd Lewis 5851 Upton Street McLean, VA 22101 | Name of Employer Williams & Jensen | Date (month, day, year) 05/01/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Attorney | 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 Kristina Hagg Hill 1201 East Arlington Dr., #300 Alexandria, VA 22314 | Name of Employer Harris Corp. | Date (month, day, year) 05/01/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Lobbyist | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| D. Full Name, Mailing Address and ZIP Code J.E. Boland 1155 Connecticut Ave., N.W. Washington, DC 20036 | Name of Employer Self-Employed | Date (month, day, year) 05/01/98 | 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): | | | |
| E. Full Name, Mailing Address and ZIP Code Melissa Bennett 3300 Gentle Court Alexandria, VA 22310 | Name of Employer U.S. House of Representatives | Date (month, day, year) 05/01/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Scheduler/Office Mgr. | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code Draw Lewis P.O. Box 70 Ledarach, PA 19450 | Name of Employer Retired | Date (month, day, year) 05/01/98 | 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): | | | |
| G. Full Name, Mailing Address and ZIP Code Mary Sophos 4901 N. 13th St. Arlington, VA 22205 | Name of Employer Grocery Manufacturers of America | Date (month, day, year) 05/01/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Government Relations | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

SUBTOTAL of Receipts This Page (optional) **1,750.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11 a i

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)
Value in Electing Women Political Action Committee

| | | | |
|---|---|---|--|
| A. Full Name, Mailing Address and ZIP Code Vera Wixon 2804 N. Leisure World Blvd. Apt. 518 Silver Spring, MD 20906 | Name of Employer Retired | Date (month, day, year) 05/02/98 | 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): | | | |
| B. Full Name, Mailing Address and ZIP Code Marcee McCreary 2607 Eastcleft Drive Columbus, OH 43221 | Name of Employer Pryce for Congress | Date (month, day, year) 05/04/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation District Director | 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 Jennifer Dorn 2041 Beacon Place Reston, VA 22091 | Name of Employer National Health Museum | Date (month, day, year) 05/05/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation President | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| D. Full Name, Mailing Address and ZIP Code Anthony Roda 2520 King Street Alexandria, VA 22301 | Name of Employer Williams & Jensen | Date (month, day, year) 05/05/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Attorney | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| E. Full Name, Mailing Address and ZIP Code Allen Weltmann 7304 Brennon Lane Chevy Chase, MD 20815 | Name of Employer Coopers & Lybrand | Date (month, day, year) 05/05/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Accountant | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code Joyce Gates 1720 Stonebridge Rd Alexandria, VA 22304 | Name of Employer U.S. House of Representatives | Date (month, day, year) 05/06/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Outreach Director | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code Janie Kinney 4825 Quebec St., N.W. Washington, DC 20015 | Name of Employer Glaxo Wellcome | Date (month, day, year) 05/05/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Attorney | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

BUBTOTAL of Receipts This Page (optional) **1,750.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 11 a f

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)
Value in Electing Women Political Action Committee

| | | | |
|--|---|--|--|
| A. Full Name, Mailing Address and ZIP Code Peggy Ellis 3211 Old Dominion Blvd. Alexandria, VA 22305 | Name of Employer CATO Institute | Date (month, day, year) 05/05/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Government Affairs | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| B. Full Name, Mailing Address and ZIP Code Kathy Latham 2430A Walter Reed Drive Arlington, VA 22206 | Name of Employer Information Requested | Date (month, day, year) 05/06/98 | 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 Joseph Seldal 8058 Glendale Rd Chevy Chase, MD 20815 | Name of Employer Williams & Jensen | Date (month, day, year) 05/05/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Attorney | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| D. Full Name, Mailing Address and ZIP Code Mimi Simoneaux 2456 20th St., N.W. Apt. 106 Washington, DC 20009 | Name of Employer Clark & Weinstock, Inc. | Date (month, day, year) 05/06/98 | 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): | | | |
| E. Full Name, Mailing Address and ZIP Code Abigail Wexner One Whitebarn Rd New Albany, OH 43054 | Name of Employer Not Employed | Date (month, day, year) 06/05/98 | Amount of Each Receipt this Period 1,000.00 |
| | Occupation | Aggregate Year-to-Date > \$ 1,000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code A.J. Harris 3225 Grace St., N.W. Washington, DC 20007 | Name of Employer Cigna | Date (month, day, year) 05/05/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation V.P. Federal Affairs | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code Mary Zetwick 1111 Army Navy Dr., Apt. 1403 Arlington, VA 22202 | Name of Employer Williams & Jensen | Date (month, day, year) 05/05/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Attorney | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

SUBTOTAL of Receipts This Page (optional) **2,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11 a 1

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)
Value In Electing Women Political Action Committee

| | | | |
|--|---|---|--|
| A. Full Name, Mailing Address and ZIP Code Elizabeth Beavin 2642 Frey Ct Falls Church, VA 22046 | Name of Employer Bergner, Bockorny, Clough & Brain, Inc. | Date (month, day, year) 05/05/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Govt. Relations Consultant | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| B. Full Name, Mailing Address and ZIP Code Lisa Degrandi 1070 N. Royal St. Alexandria, VA 22314-0530 | Name of Employer Information Requested | Date (month, day, year) 05/05/98 | 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 Cristi Cristich 270 S. Old Bridge Rd Anaheim Hills, CA 92808 | Name of Employer CRISTEK | Date (month, day, year) 05/07/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Self-Employed | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| D. Full Name, Mailing Address and ZIP Code Stacy Carlson One Franklin St Alexandria, VA 22314 | Name of Employer Imperial Bank | Date (month, day, year) 05/13/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Managing Director | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| E. Full Name, Mailing Address and ZIP Code Victoria Toensing 901 15th St., NW #430 Washington, DC 20006 | Name of Employer dGenova & Toensing | Date (month, day, year) 05/26/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Attorney | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code Kirsten Ardleigh 1350 I Street, N.W., #690 Washington, DC 20005 | Name of Employer O'Brien Calio | Date (month, day, year) 05/26/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Federal Affairs Rep. | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code Norman Lent 916 15th St., NW #800 Washington, DC 20006 | Name of Employer Lent & Scrivner | Date (month, day, year) 05/26/98 | Amount of Each Receipt this Period 250.00 |
| | Occupation Consultant | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

SUBTOTAL of Receipts This Page (optional) **1,750.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **5** OF **5**
FOR LINE NUMBER **11 a 1**

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)
Value in Electing Women Political Action Committee

| | | | |
|---|--|--|---|
| <p>A. Full Name, Mailing Address and ZIP Code Kaylena Green P.O. Box 3170 Oakton, VA 22124</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Paul Magliocchetti Assoc., Inc.</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date > \$ 260.00</p> | <p>Date (month, day, year) 05/26/98</p> | <p>Amount of Each Receipt this Period 260.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Penelope Payne 425 8th St., N.W. Washington, DC 20004</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 05/26/98</p> | <p>Amount of Each Receipt this Period 260.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code Faith Martin 108 Shooters Ct Alexandria, VA 22314</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Information Requested</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 05/27/98</p> | <p>Amount of Each Receipt this Period 125.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code Mary McAuliffe 509 Woodland Terrace Alexandria, VA 22302</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer Union Pacific</p> <p>Occupation Lobbyist</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 05/28/98</p> | <p>Amount of Each Receipt this Period 250.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |

SUBTOTAL of Receipts This Page (optional) **875.00**

TOTAL This Period (last page this line number only) **8,825.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**
FOR LINE NUMBER
21B

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

NAME OF COMMITTEE (in Full)

Value In Electing Women Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Ben & Jerry's 1100 Pennsylvania Ave., N.W. Washington, DC 20004 | Fundraiser - Food Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 05/05/98 | 247.50 |
| 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)

247.50

TOTAL This Period (last page this line number only)

247.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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)
Value In Electing Women Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| HEATHER WILSON FOR CONGRESS 9220 GUADALOUPE TRAIL NW ALBUQUERQUE, NM 87114 | HEATHER A WILSON, U.S. HOUSE 1st NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 05/06/98 | 5,000.00 |
| ANNE NORTHUP FOR CONGRESS 3340 LEXINGTON ROAD LOUISVILLE, KY 40206 | Anne M. Northup, U.S. HOUSE 3rd KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 06/21/98 | 2,500.00 |
| BARBARA ALBY FOR CONGRESS COMMITTEE PO BOX 418466 SACRAMENTO, CA 95841 | BARBARA ALBY, U.S. HOUSE 3rd CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 06/21/98 | 5,000.00 |
| TOUMA FOR CONGRESS COMMITTEE 830 W BRECKENRIDGE FERNDALE, MI 48220 | LESLIE ANN TOUMA, U.S. HOUSE 12th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 05/27/98 | 1,000.00 |
| DEMARISS MILLER FOR CONGRESS 903 TURKEY RUN RD MCLEAN, VA 22101 | DEMARIS H MILLER, U.S. HOUSE 8th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 05/27/98 | 500.00 |
| SUNNY WARREN FOR CONGRESS COMMITTEE 1140 MIDLAND WAY LAWRENCEVILLE, GA 30243 | SUNNY WARREN, U.S. HOUSE 4th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 05/27/98 | 500.00 |
| MICHELLE MCMANUS FOR CONGRESS EXPLORAT TRAVERSE CITY, MI 49685 | MICHELLE A MCMANUS, U.S. Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 05/27/98 | 500.00 |
| MUNSELL FOR CONGRESS 332 SOUTH FIRST STREET BRIGHTON, MI 48116 | SUSAN GRIMES MUNSELL, U.S. HOUSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 05/27/98 | 500.00 |
| GISELE STAVERT FOR CONGRESS '98 40 DORIAN WAY SAN RAFAEL, CA 94901 | GISELE STAVERT, U.S. HOUSE 6th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 05/27/98 | 500.00 |

SUBTOTAL of Disbursements This Page (optional)

16,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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)

Value in Electing Women Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| FRIENDS OF LISA HUGHES FOR CONGRESS 5316 E CHAPMAN AVE ORANGE, CA 92859 | LISA BERGMAN HUGHES, U.S. HOUSE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 05/27/98 | 1,000.00 |
| FRIENDS OF CONNIE MORELLA FOR CONGRESS 2228 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515 | Constance A. Morella, U.S. HOUSE 8th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 05/27/98 | 2,500.00 |
| 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) | 3,500.00 |
| TOTAL This Period (last page this line number only) | 19,500.00 |

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

| | |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> Hand Delivered | Date of Receipt <i>6-19-98</i> |
| <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 | |
| <i>SEP</i> PREPARER | <i>6-22-98</i> DATE PREPARED |