

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
**RIGHT TO WORK POLITICAL ACTION
COMMITTEE**

ADDRESS (number and street) Check if different than previously reported
5240 PORT ROYAL ROAD

CITY, STATE and ZIP CODE
SPRINGFIELD, VA 22151

2. FEC IDENTIFICATION NUMBER
C00164392

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

DEC 5 11 24 AM '98

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
11/3/98 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	10/15/98 through 11/23/98		
6. (a) Cash on Hand January 1, 19 98			\$ 14,661.72
(b) Cash on Hand at Beginning of Reporting Period		\$ 37,800.27	
(c) Total Receipts (from Line 19)		\$ 9,833.69	\$ 111,556.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 47,633.96	\$ 126,218.36
7. Total Disbursements (from Line 30)		\$ 11,284.21	\$ 89,868.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 36,349.75	\$ 36,349.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -	

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

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

Type or Print Name of Treasurer
KEED E LARSON

Signature of Treasurer
Keed E Larson

Date
12/1/98

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 RIGHT TO WORK POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 10/15/98 TO: 11/23/98	
		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)		6470. ⁰⁰	57,260.00
ii. Unitemized		3232.50	54,165.45
iii. Total (add i and ii) >		9702.50	111,425.45
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		9702.50	111,425.45
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		131.19	131.19
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) >		9833.69	111,556.64
20. Total Federal Receipts (subtract line 18 from line 19) >		9833.69	111,556.64
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		5284.21	42,468.61
c. Total Operating Expenditures (add a i, a ii, and b) >		5284.21	42,468.61
22. Transfers to Affiliated/Other Party Committees			1,400.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		6,000.00	46,000.00
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. Individual/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) >		11,284.21	89,868.61
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		11,284.21	89,868.61
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		9702.50	111,425.45
33. Total Contribution Refunds (from line 28d)		-	-
34. Net Contributions (other than loans)(subtract line 33 from 32)		9702.50	111,425.45
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		5284.21	42,468.61
36. Offsets to Operating Expenditures (from line 15)		131.19	131.19
37. Net Operating Expenditures (subtract line 36 from 35) >		5153.02	42,337.42

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)

RIGHT TO WORK POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MRS. MARY E. BISSETTE P.O. BOX 235 TYNER, NC 27980	RETIREED	10/26/98	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MR. L.J. BLAKELY 321 COUCH LANE EASLEY, SC 29642	RETIREED	10/26/98	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MR. LOUIS BOEK 1615 CIRCLE DRIVE SE LACEY, WA 98503	RETIREED	10/26/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MR. D. B. BRUDAS 1827 PUTMAN ROAD SCHENECTADY, NY 12306	RETIREED	11/2/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MR. GORDON BURNS 17 MEADOW LAKES HIGHTSTOWN, NJ 08520	RETIREED	10/26/98	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 310.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MR. C. THOMAS CLAGETT, JR. 2700 VIRGINIA AVENUE NW WASHINGTON DC 20037	RETIREED	10/26/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MRS. FRANCES COGGER 3900 ASPEN DRIVE PORT HURON, MI 48060	HOMEMAKER	11/2/98	70.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 210.00		

SUBTOTAL of Receipts This Page (optional)

1220.00

TOTAL This Period (last page this line number only)

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)
RIGHT TO WORK POLITICAL ACTION COMMITTEE

<p>A. Full Name, Mailing Address and ZIP Code MRS. SUZANNE S. DRAGGE 899 WINSTON AVENUE SAN MARINO, CA 91108</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 275⁰⁰</p>	<p>Date (month, day, year) 10/26/98</p>	<p>Amount of Each Receipt this Period 50⁰⁰</p>
<p>B. Full Name, Mailing Address and ZIP Code MRS. JOHN C. GAY, JR. P.O. BOX 57 QUITMAN, MS 39355</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 250⁰⁰</p>	<p>Date (month, day, year) 10/26/98</p>	<p>Amount of Each Receipt this Period 50⁰⁰</p>
<p>C. Full Name, Mailing Address and ZIP Code MR. JOHN J. GOLDEN 1888 FAIRWAY CIRCLE DRIVE SAN MARCOS, CA 92069</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 350⁰⁰</p>	<p>Date (month, day, year) 10/26/98</p>	<p>Amount of Each Receipt this Period 50⁰⁰</p>
<p>D. Full Name, Mailing Address and ZIP Code MR. KENT HUNGERPILLER 516 SEGARS MILL ROAD HARTSVILLE, SC 29550</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 250⁰⁰</p>	<p>Date (month, day, year) 11/2/98</p>	<p>Amount of Each Receipt this Period 100⁰⁰</p>
<p>E. Full Name, Mailing Address and ZIP Code MRS. HARRIET S. KENYON 1261 NAPLES ROAD HARRISON, NE 04040</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 650⁰⁰</p>	<p>Date (month, day, year) 10/26/98</p>	<p>Amount of Each Receipt this Period 150⁰⁰</p>
<p>F. Full Name, Mailing Address and ZIP Code MR. WALTER H. KLEINER 1725 89TH AVENUE NE BELLEVUE, WA 98004</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 750⁰⁰</p>	<p>Date (month, day, year) 10/26/98</p>	<p>Amount of Each Receipt this Period 150⁰⁰</p>
<p>G. Full Name, Mailing Address and ZIP Code MR. STANLEY KOCH 413 GREENBRIER DRIVE SILVER SPRING, MD 20910</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Occupation INFO REQ'D</p> <p>Aggregate Year-to-Date > \$ 300⁰⁰</p>	<p>Date (month, day, year) 11/2/98</p>	<p>Amount of Each Receipt this Period 200⁰⁰</p>

SUBTOTAL of Receipts This Page (optional)	750 ⁰⁰
TOTAL This Period (last page this line number only)	

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) RIGHT TO WORK POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code MR. GEORGE B. WARFIELD 416 OAK STREET AUDUBON, NJ 08106	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/26/98	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450 ⁰⁰		

B. Full Name, Mailing Address and ZIP Code MRS. L.J. WHITNEY, JR. HC 1, BOX 110 COL MESWELL, TX 75938	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation HOUSEWIFE	11/2/98	600 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600 ⁰⁰		

C. Full Name, Mailing Address and ZIP Code MRS. ELIZABETH WILSON 215 N. UNION STREET TECUMSEH, MI 49286	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	11/2/98	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700 ⁰⁰		

D. Full Name, Mailing Address and ZIP Code MR. JOHN WOODY, JR. P.O. BOX 666 BROOKLYN, MI 49230	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation INFO RES'D	11/2/98	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200 ⁰⁰		

E. Full Name, Mailing Address and ZIP Code MR. EARL LEWIS 1112 BROWN AVENUE STILLWATER, OK 74075	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	11/2/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200 ⁰⁰		

F. Full Name, Mailing Address and ZIP Code MR. C. P. PARSONS 4700 N. 9TH STREET LAFAYETTE, CO 80026	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	10/26/98	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1700 ⁰⁰		

G. Full Name, Mailing Address and ZIP Code MR. HOYT C. PEASE 78 CAREY STREET SOUTHINGTON, CT 06489	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation RETIRED	11/2/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300 ⁰⁰		

SUBTOTAL of Receipts This Page (optional) 1900⁰⁰

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

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)

RIGHT TO WORK POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRS. ELIZABETH S. SCHNEIDER P.O. BOX 547 SOMERSET, VA 22972	HOUSEWIFE	11/2/98	500 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 950 ⁰⁰		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. CABOT SEDGWICK P.O. BOX 1386 NOGALES, AZ 85628	SELF-EMPLOYED FARMER	10/26/98	150 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250 ⁰⁰		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. MELVIN J. SIMONSON 1781 COUNTY ROAD D EMERALD, WI 54012	RETIRED	10/26/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280 ⁰⁰		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. BAKER SMITH 3360 E. TERRELL BRANCH COURT MARIETTA, GA 30067	ASSOCIATES MANAGEMENT CONSULT.	10/26/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700 ⁰⁰		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. JOSEPH J. SMITH 14570 S.W. HART ROAD BEAVERTON, OR 97007	RETIRED	10/26/98	200 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 475 ⁰⁰		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. WILLIAM B. SNYDER 5610 WISCONSIN AVENUE CHEVY CHASE, MD 20815	RETIRED	10/26/98	1000 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000 ⁰⁰		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MR. DAVID UPTON 200 RIDGEWAY STREET ST. JOSEPH, MI 49085	RETIRED	10/26/98	300 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 900 ⁰⁰		

SUBTOTAL of Receipts This Page (optional)

2350⁰⁰

TOTAL This Period (last page this line number only)

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)

RIGHT TO WORK POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MR. NORBERT E. RAU 3766 BOUDINOT AVENUE CINCINNATI, OH 45211		11/2/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > \$ 300 ⁰⁰		
B. Full Name, Mailing Address and ZIP Code MR. LEROY SCHECKEL P.O. BOX 147 HAZELTON, IA 50641	Name of Employer	11/2/98	50 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED		
	Aggregate Year-to-Date > \$ 230 ⁰⁰		
C. Full Name, Mailing Address and ZIP Code MRS. ARLENE M. SCHWEISNER 281 STEBBINS TERRACE, S.E. PORT CHARLOTTE, FL 33952	Name of Employer	11/2/98	100 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN		
	Aggregate Year-to-Date > \$ 220 ⁰⁰		
D. Full Name, Mailing Address and ZIP Code	Name of Employer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	250 ⁰⁰
TOTAL This Period (last page this line number only)	6470 ⁰⁰

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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)

RIGHT TO WORK POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code L & E MERIDIAN 7400 FULLERTON ROAD SPRINGFIELD, VA 22151	Name of Employer RWM - EXCESS POSTAGE	Date (month, day, year) 11/4/98	Amount of Each Receipt this Period 131.19
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year)	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

131.19

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21

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

NAME OF COMMITTEE (In Full)

RIGHT TO WORK POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
L & E MERIDIAN 7400 FULLERTON ROAD SPRINGFIELD, VA 22151	DATA PROC/PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/98 11/5/98	620.00 2285.92
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CW ACCOUNTING SERVICES 10424 WOODBURY WOODS CT. FAIRFAX, VA 22032	PROF SERVICES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/98	2314.63
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BELL ATLANTIC P.O. BOX 17398 BALTIMORE, MD 21297	TELEPHONE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/11/98	44.36
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)

5264.91

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
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)
RIGHT TO WORK POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year) *	Amount of Each Disbursement This Period
GOODLATTE FOR CONGRESS P.O. BOX 292 ROANOKE, VA 24002	U.S. HOUSE - VA 6 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/98	3000 ⁰⁰
B. Full Name, Mailing Address and ZIP Code MCKIBBEN FOR CONGRESS 1703 ROBERTSON DRIVE MARSHALLTOWN, IA 50158	U.S. HOUSE - IA 3 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/98	1000 ⁰⁰
C. Full Name, Mailing Address and ZIP Code CHAIRES FOR CONGRESS 9083 RADIANCE COURT HENDERSON, NV 89014	U.S. HOUSE - NV 1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/98	1000 ⁰⁰
D. Full Name, Mailing Address and ZIP Code BORDANARO FOR CONGRESS 5319 SW WESTGATE DR. PORTLAND, OR 97221	U.S. HOUSE - WA 1 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/98	1000 ⁰⁰
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 * INADVERTENTLY OMITTED FROM LAST REPORT	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)

6000⁰⁰

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12/2/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
AA PREPARER	12/5/98 DATE PREPARED