

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)
Crowell & Moring PAC
ATTN: Karen Hastie Williams
ADDRESS (number and street) Check if different than previously reported
1001 Pennsylvania Avenue, N.W., Suite 1100
CITY, STATE and ZIP CODE
Washington, D. C. 20004-2595

RECEIVED
FEDERAL ELECTION
COMMISSION

2. FEC IDENTIFICATION NUMBER
C00199869
3. This committee has qualified as a multicandidate committee. (see FEC FORM 13A)

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

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>07/01/98</u> through <u>09/30/98</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>98</u>		\$ 2,030.99
(b)	Cash on Hand at Beginning of Reporting Period	\$ 3,580.99	
(c)	Total Receipts (from Line 19)	\$ 8,150.00	\$ 21,200.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 11,730.00	\$ 23,230.99
7.	Total Disbursements (from Line 30)	\$ 4,750.00	\$ 16,250.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,980.99	\$ 6,980.99
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 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule G and/or Schedule D)	\$ -0-	

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
Karen Hastie Williams

Signature of Treasurer 

Date
10/14/98

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

FEC FORM 3X

(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
Crowell & Moxing PAC		FROM 7/1/98	TO 9/30/98
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		7,600.00	17,200.00
i. Itemized (use Schedule A)		550.00	4,000.00
ii. Unitemized			
iii. Total	(add i and ii) >	8,150.00	21,200.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions	(add a ii, b and c) >	8,150.00	21,200.00
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)		-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts	(add 11d; 12, 13, 14, 15, 16, 17, and 18) >	8,150.00	21,200.00
20. Total Federal Receipts	(subtract line 18 from line 19) >	8,150.00	21,200.00
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		250.00	750.00
i. Federal Share		-0-	-0-
ii. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures		250.00	750.00
c. Total Operating Expenditures	(add a i, a ii, and b) >	250.00	750.00
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		4,500.00	16,000.00
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds	(add a, b and c) >	-0-	-0-
29. Other Disbursements		4,750.00	16,750.00
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,750.00	16,750.00
31. Total Federal Disbursements	(subtract line 21 a d from line 30) >	4,500.00	16,000.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		8,150.00	21,200.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		8,150.00	21,200.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	250.00	750.00
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures	(subtract line 36 from 35) >	250.00	750.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

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)

Crowell & Moring PAC

A. Full Name, Mailing Address and ZIP Code Crowell & Moring 1001 Pennsylvania Ave., NW Washington, DC 20004-2595 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Crowell & Moring 1001 Penn. Ave. N.W. Washington, DC 20004 Occupation Aggregate Year-to-Date >	Date (month, day, year) -	Amount of Each Receipt this Period <u>MEMO ENTRY</u> \$250.00
B. Full Name, Mailing Address and ZIP Code Kenneth M. Bruntel, Esq. 3001 Pennsylvania Ave., NW Washington, D. C. 20004-2595 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Crowell & Moring LLP 1001 Penn. Ave., NW Washington, DC 20004 Occupation Attorney Aggregate Year-to-Date > \$ 1,660.00	Date (month, day, year) 7/16/98 9/20/98	Amount of Each Receipt this Period \$250.00 \$250.00
C. Full Name, Mailing Address and ZIP Code Marc F. Efron, Esq. 1001 Pennsylvania Ave., NW Washington, D.C. 20004-2595 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Crowell & Moring 1001 Penn. Ave., N.W. Washington, DC 20004 Occupation Attorney Aggregate Year-to-Date > \$ 1,050.00	Date (month, day, year) 7/16/98	Amount of Each Receipt this Period \$350.00
D. Full Name, Mailing Address and ZIP Code Alan W. H. Gourley, Esq. 1001 Pennsylvania Ave., NW Washington, DC 20004-2595 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Crowell & Moring 1001 Penn. Ave., NW Washington, DC 20004 Occupation Attorney Aggregate Year-to-Date > \$ 1500.00	Date (month, day, year) 7/16/98	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and ZIP Code Clifford Hendler, Esq. 1001 Pennsylvania Ave., NW Washington, DC 20004-2595 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Crowell & Moring 1001 Penn Ave., NW Washington, DC 20004 Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/16/98 9/20/98	Amount of Each Receipt this Period \$250.00 \$250.00
F. Full Name, Mailing Address and ZIP Code Robert M. Halperin, Esq. 1001 Pennsylvania Ave., NW Washington, DC 20004-2595 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Crowell & Moring 1001 Penn Ave., NW Washington, DC 20004 Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 7/16/98 9/20/98	Amount of Each Receipt this Period \$250.00 \$250.00
G. Full Name, Mailing Address and ZIP Code James Maiworm, Esq. 1001 Pennsylvania Ave., NW Washington, DC 20004-2595 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Crowell & Moring 1001 Penn Ave., NW Washington, DC 20004 Occupation Attorney Aggregate Year-to-Date > \$ 1,200.00	Date (month, day, year) 7/16/98	Amount of Each Receipt this Period \$400.00

SUBTOTAL of Receipts This Page (optional) \$3,000.00

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(a)(1)

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NAME OF COMMITTEE (In Full)

Crowell & Moring PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kent B. Morrison, Esq. 1001 Pennsylvania Ave., NW Washington, DC 20004-2595	Crowell & Moring 1001 Penn. Ave., NW Washington, DC 20004	7/16 9/20	\$250.00 \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Frederick Moring, Esq. 1001 Pennsylvania Ave., NW Washington, D. C. 20004-2595	Crowell & Moring 1001 Penn. Ave., NW Washington, DC 20004	7/16/98	\$500.00
	Occupation Attorney	Aggregate Year-to-Date > \$1,500.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Steven P. Quarles, Esq. 1001 Pennsylvania Ave., NW Washington, DC 20004-2595	Crowell & Moring 1001 Penn. Ave., NW Washington, DC 20004	7/16/98 9/20/98	\$300.00 \$300.00
	Occupation Attorney	Aggregate Year-to-Date > \$1,200.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Victor W. Schwartz, Esq. 1001 Pennsylvania Ave., NW Washington, DC 20004-2595	Crowell & Moring 1001 Pennsylvania Ave Washington, DC 20004	7/16/98 9/20/98	\$250.00 \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Karen Hastie Williams 1001 Pennsylvania Ave., NW Washington, DC 20004-2595	Crowell & Moring 1001 Penn. Ave., NW Washington, DC 20004	7/16/98 9/20/98	\$1,000.00 \$1,000.00
	Occupation Attorney	Aggregate Year-to-Date > \$4,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Randall Erickson, Esq. 4675 MacArthur Court Newport Beach, CA 92660	Crowell & Moring 2010 Main St Irvine, CA 92614	7/16/98 9/20/98	\$250.00 \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$1,000.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" 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) \$4,600.00

TOTAL This Period (last page this line number only) \$7,600.00

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)

Crowell & Moring PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens for Ernest Hollings 1103 Broad Street Falls Church, VA 22046	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/14/98	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Weygand Committee P. O. Box 7818 Warwick, RI 02887	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/4/98	\$250.00
C. Full Name, Mailing Address and ZIP Code Anne Northrup for Congress P. O. Box 7313 Louisville, KY 40257	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/11/98	\$ 500.00
D. Full Name, Mailing Address and ZIP Code John Breaux Senate Committee 110B West Broad Street Falls Church, VA 22046	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/98	\$ 500.00
E. Full Name, Mailing Address and ZIP Code Grassley Committee P. O. Box 6193 Alexandria, VA 22306	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/98	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Combest Congressional Committee 383 South Pickett Street Alexandria, VA 22304	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/14/98	\$ 250.00
G. Full Name, Mailing Address and ZIP Code Texans for Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	\$ 500.00
H. Full Name, Mailing Address and ZIP Code Friends of Harry Reid 245 Second St., N.E., Ste. 310 Washington, D.C. 20002	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/28/98	\$ 500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution 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)

\$4,500.00

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 1 OF 1
FOR LINE NUMBER 21(c)

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NAME OF COMMITTEE (In Full)
Crowell & Moring PAC

A. Full Name, Mailing Address and ZIP Code Crowell & Moring 1001 Pennsylvania Ave., N.W. Washington, DC 20004	Purpose of Disbursement In-Kind Contribution for administrative svcs. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/30/98	Amount of Each Disbursement This Period \$250.00 MEMO ENTRY
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)

\$250.00

TOTAL This Period (last page this line number only)

\$250.00

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 <u>10-15-98</u>
<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 <u>and/or Date of Receipt</u>
<input type="checkbox"/> Electronic Filing	
 <i>Jm W</i> PREPARER	 <u>10-15-98</u> DATE PREPARED