

CHRIS JOHN FOR CONGRESS COMMITTEE, INC.

October 19, 1998

13600000
0080035000
Oct 20 2 53 PM '98

Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

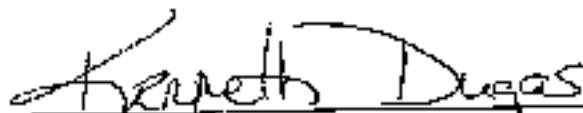
RE: Chris John for Congress Committee, Inc.
ID # C00316596

Dear Sir or Madam:

Please find enclosed a copy of the October 15, 1998 quarterly report. The report was timely mailed to the wrong address by clerical error. I have enclosed a copy of the mailing receipts. The error was discovered when the return receipts arrived.

I ask that any punitive action in this matter should be waived. The delay in filing was not intentional.

Sincerely,



Kenneth R. Dugas, Treasurer
Chris John for Congress Committee, Inc.

Encl.

Receipt for Certified Mail
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

Send to	CAMPAIGN FINANCE								
Sort and No.	8401 UNITED PLAZA BLDV 200								
P.O. Box and ZIP Code	BATON ROUGE LA 70809-7017								
Postage	\$ 1.47								
Certified Fee	1.35								
Special Delivery									
Return Receipt (Money Order)									
Return Receipt (Form 3811)									
Return Receipt (Form 3811)									
Return Receipt (Form 3811)									
TOTAL Postage & Fees	\$ 3.98								
Postmark or Date									

PS Form 3800, June 1991

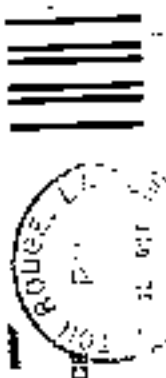
PS Form 3800, June 1991 (Reverse)

- STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE. CERTIFIED MAIL FEE AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES ARE SEPARATE.**
- If you want this special guaranteed, stick the guaranteed stick to the right of the return address leaving the receipt attached and address the stick at a post office window or hand it to your carrier in your charge.
 - If you do not want the receipt guaranteed, stick the guaranteed stick to the right of the return address of the article, date, detach and retain the receipt and mail the article.
 - If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the guaranteed mail special permit. Observation: after a card of article RETURN RECEIPT REQUESTED appears in the number.
 - If you want delivery restricted to the addressee, or to an authorized agent of the addressee, return RESTRICTED DELIVERY on the front of the article.
 - Enter fees for the services requested in the appropriate space on the front of this receipt. Return receipt is requested, check the appropriate boxes in items 1 and 2 of Form 3811.
 - Have this receipt and present it if you make inquiry.

102595-93-2-0078

IF YOUR RETURN ADDRESS COMPLETED ON THE REVERSE

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10



Print your name, address, and ZIP Code in this box

BROUSSARD POCHE LEWIS & BREAUX
 PO BOX 307
 CROWLEY LA 70527-0307

Postage and Fees Paid (Postnet barcode)

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece before the article number.
- This Return Receipt will allow to whom the article was delivered and the date delivered.

3. Article Addressed to:
 CAMPAIGN FINANCE
 8401 UNITED PLAZA BLDV STE 200
 BATON ROUGE LA 70809-7017

4a. Article Number
 P 006 454 978

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
 12/15/91

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature: Address of Agent
 X *[Signature]*

THANK YOU FOR USING RETURN RECEIPT SERVICE

(See Reverse)

Send to	
ELECT DIV OFC OF SEC STATE	
Street and No.	
PO BOX 94125	
P.O. Station	
BATON ROUGE LA 70804-9125	
Postage	\$ 1.47
Delivered For	1.65
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 3.92
Postmark or Date	



PS Form 3800, June 1981

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- This Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

ELECTIONS DIVISION
OFFICE OF SECRETARY OF STATE
PO BOX 94125
BATON ROUGE LA 70804-9125

4a. Article Number
P 006 454 97

4b. Service Type
 Registered
 Express Mail
 Return Receipt for Mail

7. Date of Delivery

8. Addressee's Name and fee is paid by

5. Registered By: (Print Name)
X
Signature of Agent

6. Signature of Agent

PS Form 3811, December 1984

10000-97-9-0174 Domestic

- STICK POSTAGE PLACING TO ATTACH TO COVER FIRST CLASS POSTAGE CERTIFIED MAIL FEE AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front)**
- If you want the receipt postponed, stick the gummed tabs to the right of the return address on the receipt attached and return the article at a post office service window to which it is addressed or the article, day, direct and receive the receipt, and send the article.
 - If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3871, and attach it to the front of the article by means of the provided RECEPTED adhesive on the back of article. Address front of article RETURN RECEIPT RECEIPT.
 - If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article.
 - Enter fees for the services requested in the appropriate spaces on the form of this receipt. Return receipt is required, check the appropriate blocks on item 1 of Form 3871.
 - Stick this receipt and attach it if you enter delivery.

10260-98-2-0078

IF YOU RETURN ARTICLES, COMPLETE ON THE REVERSE SIDE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. 73-10

Print your name, address, and ZIP Code in this box

BROUSSARD POCHE LEWIS & BREAUX
PO BOX 307
CROWLEY LA 70527-0307

UNITED STATES POSTAL SERVICE

For An Authorized Committee
(Summary Page)

FILED
FEB 23 1998
COMM-FED

7 53 PM '98

1. NAME OF COMMITTEE (In full)
Chris John For Congress Committee INC

ADDRESS (number and street) Check if different than previously reported.
P.O. Drawer 307

CITY, STATE and ZIP CODE STATE/DISTRICT
Crowley, LA 70527 LA 07

2. FEC IDENTIFICATION NUMBER
C00318598

3. IS THIS REPORT AN AMENDMENT?
 YES NO

4. TYPE OF REPORT

April 15 Quarterly Report Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

July 15 Quarterly Report Thirtieth day report following the General Election on _____ in the State of _____

October 15 Quarterly Report Termination Report

January 31 Year End Report

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

This Report Contains Activity For Primary Election General Election Special Election Runoff Election

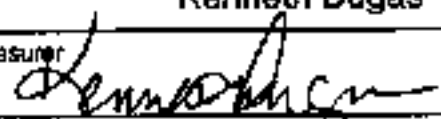
SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<u>7/1/98</u> through <u>9/30/98</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$25,750.00	\$163,574.66
(b) Total Contribution Refunds (from Line 20(d))	\$200.00	\$300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$25,550.00	\$163,274.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$38,036.00	\$88,870.73
(b) Total Offsets to Operating Expenditures (from Line 14)	\$2,705.60	\$2,705.60
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$35,330.40	\$86,165.13
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$174,367.64	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$15,000.00	

For further information contact:
Federal Election Commission
998 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 **Kenneth Dugas**

Signature of Treasurer  Date **10/12/98**

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

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DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Chris John For Congress Committee INC	CDD316598	Report Covering the Period: From: 7/1/98 To: 9/30/98
-----------------------------------------------------------------------------	-----------	-----------------------------------------------------------------------

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	\$8,800.00		11(a)(i)
(ii) Unitemized	\$200.00		11(a)(ii)
(iii) Total of Contributions from individuals	\$9,000.00	\$70,575.00	11(a)(iii)
(b) Political Party Committees	\$0.00	\$0.00	11(b)
(c) Other Political Committees (such as PACs)	\$16,750.00	\$92,999.66	11(c)
(d) The Candidate	\$0.00	\$0.00	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(i),(b),(c), and (d))	\$25,750.00	\$163,574.66	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEE	\$0.00	\$0.00	12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	\$0.00	\$0.00	13(a)
(b) All Other Loans	\$0.00	\$0.00	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	\$0.00	\$0.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$2,705.60	\$2,705.60	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$0.00	\$0.00	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14, and 15)	\$28,455.60	\$166,280.26	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	\$38,036.00	\$88,870.73	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	\$0.00	\$0.00	18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	\$0.00	\$0.00	19(a)
(b) Of All Other Loans	\$0.00	\$0.00	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	\$0.00	\$0.00	19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	\$200.00	\$300.00	20(a)
(b) Political Party Committees	\$0.00	\$0.00	20(b)
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b), and (c))	\$200.00	\$300.00	20(d)
21. OTHER DISBURSEMENTS	\$25,100.00	\$26,700.00	21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d), and 21)	\$63,336.00	\$115,870.73	22
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$209,248.04	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$28,455.60	24
25. SUBTOTAL (add Line 23 and Line 24)		\$237,703.64	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$63,336.00	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$174,367.64	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2

Contributions from Individuals

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) **Chris John For Congress Committee INC** **C00316596**

<p>A. Full Name, Mailing Address and ZIP Code Alexander, Ernie 301 Leompacher Road Lafayette LA 70508</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 9/3/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Digiglia, John A, Dr., III 4150 Nelson Road BLDG C STE 10 Lake Charles LA 70605</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Doctor</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 8/26/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Galloway, Connie 101 North Fleur Lafayette LA 70508</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer None</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 9/3/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Galloway, Thomas R., Sr. P.O. Drawer 3030 Lafayette LA 70502</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Commerce Corp of America</p> <p>Occupation Business Executive</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 9/3/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Hebert, Stephen 5525 Mounes Suite 102 New Orleans LA 70123</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer 3001 the spatial data company</p> <p>Occupation Consultant</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 7/28/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Langley, Lester 205 West College Street Lake Charles LA 70605</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Langley William and Company</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 7/8/98</p>	<p>Amount of Each Receipt this Period \$500.00 MEMO Partnership Attributed</p>
<p>G. Full Name, Mailing Address and ZIP Code LLC, Langley William 205 West Street Lake Charles LA 70605</p> <p>Receipt For: <input checked="" 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 > \$500.00</p>	<p>Date (month, day, year) 7/8/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>> \$4,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions from Individuals

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
Chris John For Congress Committee INC **C00316596**

<p>A. Full Name, Mailing Address and ZIP Code McElveen, G A, Jr. 11 Little Drive Lake Charles LA 70605</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer McElveen Insurance Agency</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 8/14/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Moffett, John, Mrs. 2610 East Lavingwood Road Lake Charles LA 70611</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer None</p> <p>Occupation Housewife</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 8/26/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Moffett, Scott 700 Pujot Street Lake Charles LA 70601</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Moffett Insurance Agency</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 8/26/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Reaves, Charles 3724 Burgoyne Drive Lake Charles LA 70605</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Motel Owner</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 9/3/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Smith, Henry 100 Florida Avenue New Orleans LA 70123</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer New Orleans Federal Credit Union</p> <p>Occupation Executive Director</p> <p>Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 7/14/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Watson, Orville P.O. Box 1100 Scott LA 70583</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Oil and Gas</p> <p>Aggregate Year-to-Date > \$300.00</p>	<p>Date (month, day, year) 9/3/98</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>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>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$4,300.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$8,800.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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) **Chris John For Congress Committee INC** **C00316596**

<p>A. Full Name, Mailing Address and ZIP Code Pac, American Postal Workers Union 1300 L Street NW Washington DC 20005</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 8/14/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Pac, American Sugar Cane League P.O. Box 938 Thibodaux LA 70302</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 7/14/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Pac, American Trucking 430 First St Washington DC 20003</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 9/3/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Pac, Bryan Cave Lip Political Fund 700 13th Street NW Suite 700 Washington DC 20005</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 9/21/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Pac, Credit Union Legislative Action Council 805 Fifteenth Street NW Suite 300 Washington DC 20005</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$500.00</p>	<p>Date (month, day, year) 7/14/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Pac, Dealers Election 8400 West Park Drive Mc Lean VA 22102</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$3,500.00</p>	<p>Date (month, day, year) 9/17/98</p>	<p>Amount of Each Receipt this Period \$2,500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Pac, Dealers Election 8400 West Park Drive Mc Lean VA 22102</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Occupation Aggregate Year-to-Date > \$3,500.00</p>	<p>Date (month, day, year) 9/3/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>>> \$5,500.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>>></p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Schedule Page

PAGE 2 OF 4

Contributions from Other Political Committees

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) **Chris John For Congress Committee INC** **C00316598**

<p>A. Full Name, Mailing Address and ZIP Code Pac, Delta P.O. Box 20706 Atlanta GA 30320</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" 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) 9/14/98</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Pac, Entergy Louisiana P.O. Box 2431 Baton Rouge LA 70821</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$1,500.00</p>	<p>Date (month, day, year) 9/3/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Pac, Entergy Louisiana P.O. Box 2431 Baton Rouge LA 70821</p> <p>Receipt For: <input checked="" 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 > \$1,500.00</p>	<p>Date (month, day, year) 7/17/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Pac, Hibernia People for Good Government 313 Carondelet Controller Dept New Orleans LA 70130</p> <p>Receipt For: <input checked="" 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 > \$1,000.00</p>	<p>Date (month, day, year) 8/14/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Pac, Independent Insurance Agents of America 412 First Street SE Suite 300 Washington DC 20003</p> <p>Receipt For: <input checked="" 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 > \$2,000.00</p>	<p>Date (month, day, year) 8/21/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Pac, International Council on Shopping Centers 1033 N Fairfax Street Suite 404 Alexandria VA 22314</p> <p>Receipt For: <input checked="" 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 > \$500.00</p>	<p>Date (month, day, year) 8/14/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Pac, Koch P.O. Box 2258 Wichita KS 67201</p> <p>Receipt For: <input checked="" 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 > \$1,000.00</p>	<p>Date (month, day, year) 9/21/98</p>	<p>Amount of Each Receipt this Period \$500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$3,750.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>.....</p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4

FOR LINE NUMBER: 17(c)

Contributions from Other Political Committees

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) **Chris John For Congress Committee INC** **C00316596**

A. Full Name, Mailing Address and ZIP Code Pac, National Association of Life Underwriters 1922 F Street NW Washington DC 20006	Name of Employer Date (month, day, year) 9/30/98 Occupation	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$1,000.00
B. Full Name, Mailing Address and ZIP Code Pac, National Association of Life Underwriters 1922 F Street NW Washington DC 20006	Name of Employer Date (month, day, year) 7/8/98 Occupation	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$1,000.00
C. Full Name, Mailing Address and ZIP Code Pac, National Marine Manufacturers Association 1919 L Street NW Suite 700 Washington DC 20036	Name of Employer Date (month, day, year) 9/24/98 Occupation	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$1,000.00
D. Full Name, Mailing Address and ZIP Code Pac, National Multihousing Council 1850 M Street NW Ste 540 Washington DC 20036	Name of Employer Date (month, day, year) 9/14/98 Occupation	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00
E. Full Name, Mailing Address and ZIP Code Pac, National Restaurant Association 1200 Seventeenth Street NW Washington DC 20036	Name of Employer Date (month, day, year) 7/17/98 Occupation	Amount of Each Receipt this Period \$2,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$2,500.00
F. Full Name, Mailing Address and ZIP Code Pac, Northwest Airlines 5101 Northwest Drive Saint Paul MN 55111	Name of Employer Date (month, day, year) 9/3/98 Occupation	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" 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 Pac, Pricewaterhousecoopers PAC II 1301 K Street NW Suite 800W Washington DC 20005	Name of Employer Date (month, day, year) 9/17/98 Occupation	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):		Aggregate Year-to-Date > \$500.00

SUBTOTAL of Receipts This Page (optional)	\$5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Other Political Committees

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) **Chris John For Congress Committee INC** **C00316596**

A. Full Name, Mailing Address and ZIP Code Pac, Tenneco Employees Good Government Fund 701 Pennsylvania Avenue NW Suite 710 Washington DC 20004 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 7/31/98	Amount of Each Receipt this Period \$500.00
B. Full Name, Mailing Address and ZIP Code Pac, Truckload Carriers Association 2200 Mill Road Alexandria VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > \$1,500.00	Date (month, day, year) 9/17/98	Amount of Each Receipt this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Pac, Truckload Carriers Association 2200 Mill Road Alexandria VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > \$1,500.00	Date (month, day, year) 9/17/98	Amount of Each Receipt this Period \$500.00
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) >>>	\$2,000.00
TOTAL This Period (last page this line number only) >>>	\$16,750.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER
N/A

Exempt Legal and Accounting Services

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)
Chris John For Congress Committee INC **C00316596**

A. Full Name, Mailing Address and ZIP Code Duhon, Stella P.O. Drawer 307 Crowley LA 70527 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Broussard Poche Lewis and Brea Occupation Typist Aggregate Year-to-Date > \$0.00	Date (month, day, year) 9/30/98	Amount of Each Receipt this Period \$41.00 MEMO EXEMPT Exempt Legal/Accounting
B. Full Name, Mailing Address and ZIP Code Guilfoxy, Rochelle P.O. Drawer 307 Crowley LA 70527 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-to-Date > \$0.00	Date (month, day, year) 9/30/98	Amount of Each Receipt this Period \$9.25 MEMO EXEMPT Exempt Legal/Accounting
C. Full Name, Mailing Address and ZIP Code Trahan, Stephanie P.O. Drawer 307 Crowley LA 70527 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Broussard Poche Lewis and Brea Occupation C P A Aggregate Year-to-Date > \$0.00	Date (month, day, year) 9/30/98	Amount of Each Receipt this Period \$2,053.75 MEMO EXEMPT Exempt Legal/Accounting
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period
Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employee Occupation Aggregate Year-to-Date >	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	>	\$2,104.00
TOTAL This Period (last page this line number only)	>	\$2,104.00

SCHEDULE A

ITEMIZED RECEIPTS

Offsets to Operating Expenditures

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) **Chris John For Congress Committee INC** **C00316586**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kaplan Advertising P.O. Drawer 51500 Lafayette LA 70505		8/31/98	\$2,705.60 Credit Expenditure Refund
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date > \$2,705.60	
Full Name, Mailing Address and ZIP Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Occupation	Aggregate Year-to-Date >	
Full Name, Mailing Address and ZIP Code	Name of Employee	Date (month, day, year)	Amount of Each Receipt this Period
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)	\$2,705.60
TOTAL This Period (last page this line number only)	\$2,705.60

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 11

FOR LINE NUMBER

17

Operating Expenditures

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) **Chris John For Congress Committee INC** C00316598

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
A La Carta 301 Heymann Blvd Lafayette LA 70503	Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$13.70
Ad And Press Club P.O. Box 1002 Lake Charles LA 70602	Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/20/98	\$80.00
Ags Tent Rentals 1101 NW Evangeline Thruway Lafayette LA 70501	Other (Enter Description) Rental Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$181.56
Amoco Station Street Required City ST 00000	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/98	\$21.91
Bayou Graphics P.O. Box 1882 Crowley LA 70527	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/3/98	\$207.58
Capital Grills 803 601 Pennsylvania Ave NW Washington DC 20004	Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/22/98	\$118.96
Chilis Grill and Bar 1734 Pinhook Road Lafayette LA 70508	Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$34.81
Chitts Grill and Bar 3205 Garstner Memorial Lake Charles LA 70601	Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$38.07
Church Point News P.O. Box 318 Church Point LA 70525	Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/98	\$60.00

SUBTOTAL of Disbursements This Page (optional)

\$756.59

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 11

FOR LINE NUMBER

17

Operating Expenditures

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)

Chris John For Congress Committee INC

C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Church Point Quarterback Club 313 POW MIA Church Point LA 70525	Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/4/98	\$50.00
B. Full Name, Mailing Address and ZIP Code Crowley Chamber Of Commerce P.O. Box 2125 Crowley LA 70527	Purpose of Disbursement Dues Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/12/98	\$100.00
C. Full Name, Mailing Address and ZIP Code Crowley Fire Department 104 W Hutchinson Crowley LA 70526	Purpose of Disbursement Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/1/98	\$15.00
D. Full Name, Mailing Address and ZIP Code Crowley High Booster Club 526 Atwood Drive Crowley LA 70526	Purpose of Disbursement Donation Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/31/98	\$100.00
E. Full Name, Mailing Address and ZIP Code Crowley HS Athletic Dept 283 Hensgens Road Crowley LA 70526	Purpose of Disbursement Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/12/98	\$30.00
F. Full Name, Mailing Address and ZIP Code Crowley Post Signal 602 N Parkerson Avenue Crowley LA 70527	Purpose of Disbursement Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/98	\$42.00
G. Full Name, Mailing Address and ZIP Code CrowleyTown Club P.O. Box 553 Crowley LA 70527	Purpose of Disbursement Dining Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/31/98	\$481.47
H. Full Name, Mailing Address and ZIP Code GCCC 430 South ST Washington DC 20003	Purpose of Disbursement Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/22/98	\$5,000.00
I. Full Name, Mailing Address and ZIP Code Democratic National Committee 430 South Capitol Street SE Washington DC 20003	Purpose of Disbursement Other (Enter Description) Fee For Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/24/98	\$150.00

SUBTOTAL of Disbursements This Page (optional)

\$5,968.47

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 11

FOR LINE NUMBER

17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Chris Jahn For Congress Committee INC

C00318598

<p>A. Full Name, Mailing Address and ZIP Code Dixie True Value Hardware 505 North Parkerson Crowley LA 70528</p>	<p>Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 7/21/98</p>	<p>Amount of Each Disbursement this Period \$10.78</p>
<p>B. Full Name, Mailing Address and ZIP Code Doyles Mini Warehouse Storage 404 S Parkerson Crowley LA 70528</p>	<p>Purpose of Disbursement Office Expenses rent for storage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 8/5/98</p>	<p>Amount of Each Disbursement this Period \$52.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Doyles Mini Warehouse Storage 404 S Parkerson Crowley LA 70528</p>	<p>Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 7/10/98</p>	<p>Amount of Each Disbursement this Period \$90.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Doyles Mini Warehouse Storage 404 S Parkerson Crowley LA 70528</p>	<p>Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 9/3/98</p>	<p>Amount of Each Disbursement this Period \$52.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Evangelina Bank 425 North Avenue G Crowley LA 70527</p>	<p>Purpose of Disbursement Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 9/14/98</p>	<p>Amount of Each Disbursement this Period \$318.90</p>
<p>F. Full Name, Mailing Address and ZIP Code Evangelina Bank 425 North Avenue G Crowley LA 70527</p>	<p>Purpose of Disbursement Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 8/14/98</p>	<p>Amount of Each Disbursement this Period \$318.90</p>
<p>G. Full Name, Mailing Address and ZIP Code Evangelina Bank 425 North Avenue G Crowley LA 70527</p>	<p>Purpose of Disbursement Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 7/14/98</p>	<p>Amount of Each Disbursement this Period \$318.90</p>
<p>H. Full Name, Mailing Address and ZIP Code Evangelina Bank 425 North Avenue G Crowley LA 70527</p>	<p>Purpose of Disbursement Other (Enter Description) Money Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 8/14/98</p>	<p>Amount of Each Disbursement this Period \$900.00</p>
<p>I. Full Name, Mailing Address and ZIP Code Exxon 860 E Landry Opelousas LA 70570</p>	<p>Purpose of Disbursement Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 9/23/98</p>	<p>Amount of Each Disbursement this Period \$5.00</p>

SUBTOTAL of Disbursements This Page (optional)

\$2,066.48

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 4 OF 11

FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Chris John For Congress Committee INC

C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Office Expenses Listing of Registered	Date (month, day, year)	Amount of Each Disbursement this Period
Federal Election Commission 999 East Street NW Washington DC 20463	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/22/98	\$13.25
B. Full Name, Mailing Address and ZIP Code General Office Supply 1003 Jefferson Street Lafayette LA 70502	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/98	\$63.15
C. Full Name, Mailing Address and ZIP Code Hobby Lobby 3559 Ambassador Caffery A Lafayette LA 70503	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$8.99
D. Full Name, Mailing Address and ZIP Code J And K Hope Center P.O. Box 778 Rayne LA 70578	Purpose of Disbursement Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/12/98	\$100.00
E. Full Name, Mailing Address and ZIP Code John, Chris P.O. Box 971 Crowley LA 70527	Purpose of Disbursement Travel Expense Reimb for Parking Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/27/98	\$15.00
F. Full Name, Mailing Address and ZIP Code Kaplan Advertising P.O. Drawer 51500 Lafayette LA 70505	Purpose of Disbursement Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/25/98	\$17,514.38
G. Full Name, Mailing Address and ZIP Code Kaplan Ducks Unlimited Street Required Kaplan LA 70548	Purpose of Disbursement Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$50.00
H. Full Name, Mailing Address and ZIP Code La Dept Of Revenue P.O. Box 91017 Baton Rouge LA 70821	Purpose of Disbursement Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/27/98	\$117.00
I. Full Name, Mailing Address and ZIP Code Lafayette Assc Of Retarded Cit 300 New Hope Road Lafayette LA 70506	Purpose of Disbursement Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/25/98	\$250.00

SUBTOTAL of Disbursements This Page (optional)

\$18,131.77

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

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FOR LINE NUMBER

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Operating Expenditures

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)

Chris John For Congress Committee INC

C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Louisiana Special Olympics P.O. Box 2485 Hammond LA 70404	Donation Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/30/98	\$79.60
B. Full Name, Mailing Address and ZIP Code Mall Box Etc 4400 Ambassador Caffery Pkwy Lafayette LA 70508	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$15.75
C. Full Name, Mailing Address and ZIP Code March Of Dimes 416 East 3rd Street Crowley LA 70525	Donation Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/20/98	\$25.00
D. Full Name, Mailing Address and ZIP Code McNeese Cowboy Club 4205 Ryan Street Lake Charles LA 70605	Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/13/98	\$100.00
E. Full Name, Mailing Address and ZIP Code Midas Muffler 625 New York Ave NW Washington DC 20001	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/31/98	\$143.56
F. Full Name, Mailing Address and ZIP Code Miller, Pat Box 1349 Hwy 749 Opelousas LA 70570	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/29/98	\$500.00
G. Full Name, Mailing Address and ZIP Code Miller, Pat Box 1349 Hwy 749 Opelousas LA 70570	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/28/98	\$500.00
H. Full Name, Mailing Address and ZIP Code Miller, Pat Box 1349 Hwy 749 Opelousas LA 70570	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/24/98	\$500.00
I. Full Name, Mailing Address and ZIP Code Mobil Oil 2086 Reese Street Breux Bridge LA 70517	Travel Expense Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$25.85

SUBTOTAL of Disbursements This Page (optional)

\$1,889.76

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 8 OF 11

FOR LINE NUMBER

17

Operating Expenditures

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)

Chris John For Congress Committee INC

C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Mount Calvary Baptist Church 300 North Blake Street Lake Charles LA 70601	Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/23/98	\$100.00
B. Full Name, Mailing Address and ZIP Code National Democratic Club 30 Ivy Street SE Lake Charles LA 70601	Purpose of Disbursement Other (Enter Description) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$137.50
C. Full Name, Mailing Address and ZIP Code Notre Dame Athletic Club P.O. Box 1116 Crowley LA 70527	Purpose of Disbursement Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/12/98	\$45.00
D. Full Name, Mailing Address and ZIP Code Office Depot 4670 Johnston Street Lafayette LA 70508	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$134.36
E. Full Name, Mailing Address and ZIP Code Office Depot 4670 Johnston Street Lafayette LA 70508	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$36.31
F. Full Name, Mailing Address and ZIP Code Office Of Employment Security P.O. Box 94050 Baton Rouge LA 70804	Purpose of Disbursement Taxes Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/27/98	\$68.00
G. Full Name, Mailing Address and ZIP Code One Hour Photo 114 Arnold Blvd A Lafayette LA 70508	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/22/98	\$80.67
H. Full Name, Mailing Address and ZIP Code Personalized Tees 1 Spruce Street Dover NJ 07801	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/98	\$227.70
I. Full Name, Mailing Address and ZIP Code Progressive Baptist Church 2001 E Simcoe Street Lafayette LA 70501	Purpose of Disbursement Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/25/98	\$100.00

SUBTOTAL of Disbursements This Page (optional)

\$929.54

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 7 OF 11

FOR LINE NUMBER

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Operating Expenditures

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)

Chris John For Congress Committee INC

C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Other (Enter Description) Fee for	Date (month, day, year)	Amount of Each Disbursement this Period
Rayne Chamber Of Commerce 1023 the Boulevard Rayne LA 70578	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/4/98	\$50.00
B. Full Name, Mailing Address and ZIP Code Rays Sports Bar And Grill 2431 West Congress Lafayette LA 70506	Purpose of Disbursement Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/98	\$128.96
C. Full Name, Mailing Address and ZIP Code Roy Al Flowers And Gifts 401 W University Lafayette LA 70506	Purpose of Disbursement Gift Gift Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/31/98	\$91.38
D. Full Name, Mailing Address and ZIP Code Roy Al Flowers And Gifts 401 W University Lafayette LA 70506	Purpose of Disbursement Other (Enter Description) Gift Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/27/98	\$119.86
E. Full Name, Mailing Address and ZIP Code Shreve, Angela 3226 Stakes RD Crowley LA 70527	Purpose of Disbursement Campaign Workers' Salaries Campaign Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/15/98	\$250.00
F. Full Name, Mailing Address and ZIP Code Shreve, Angela 3226 Stakes RD Crowley LA 70527	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/14/98	\$250.00
G. Full Name, Mailing Address and ZIP Code Shreve, Angela 3226 Stakes RD Crowley LA 70527	Purpose of Disbursement Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/15/98	\$250.00
H. Full Name, Mailing Address and ZIP Code Snap Shots 8 4000 Wisconsin Ave NW Washington DC 20016	Purpose of Disbursement Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/22/98	\$9.85
I. Full Name, Mailing Address and ZIP Code Southwest La Gazette 1515 Fournet Street Lake Charles LA 70601	Purpose of Disbursement Print Ads Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/13/98	\$275.00

SUBTOTAL of Disbursements This Page (optional)

\$1,425.05

TOTAL This Period (last page this line number only)

SCHEDULE B ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 11

Operating Expenditures

FOR LINE NUMBER 17

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)

Chris John For Congress Committee INC

C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
St Joan Of Arch P.O. Box 479 Oberlin LA 70855	Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/23/98	\$100.00
B. Full Name, Mailing Address and ZIP Code St Michael Athletic Board 1117 Wright Ave Crowley LA 70528	Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/12/98	\$100.00
C. Full Name, Mailing Address and ZIP Code Target 5620 Johnston Street Lafayette LA 70503	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/98	\$28.99
D. Full Name, Mailing Address and ZIP Code Taylor, Monica 318 F Street NE Washington DC 20002	Bank Service Charge Payment for Campaign Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/22/98	\$500.00
E. Full Name, Mailing Address and ZIP Code The Mystick Krewa of LA INC P.O. Box 44005 Washington DC 20028	Dues Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$550.00
F. Full Name, Mailing Address and ZIP Code Tortilla Coast 400 First Street SE Washington DC 20016	Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$13.55
G. Full Name, Mailing Address and ZIP Code Tortilla Coast 400 First Street SE Washington DC 20016	Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/22/98	\$120.77
H. Full Name, Mailing Address and ZIP Code Trahan, Casey 114 E Parkwood Youngsville LA 70892	Donation Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/3/98	\$25.00
I. Full Name, Mailing Address and ZIP Code Turnley, Kim 512 S Irving Kaplan LA 70548	Office Expenses Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/31/98	\$52.13

SUBTOTAL of Disbursements This Page (optional)

\$1,490.44

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

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Operating Expenditures

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)

Chris John For Congress Committee INC

C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Campaign Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/4/98	\$522.90
Turnley, Kim 512 S Irving Kaplan LA 70548	Office Expenses Reimb Phone Usage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$28.75
Turnley, Kim 512 S Irving Kaplan LA 70548	Office Expenses Reimb phone usage and postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/30/98	\$130.94
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Campaign Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/21/98	\$522.90
Turnley, Kim 512 S Irving Kaplan LA 70548	Other (Enter Description) Reimb for Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/16/98	\$602.00
Turnley, Kim 512 S Irving Kaplan LA 70548	Office Expenses Reimb for Phone Usage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/21/98	\$27.23
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/10/98	\$522.90
Turnley, Kim 512 S Irving Kaplan LA 70548	Travel Expense Reimbursement for Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/18/98	\$764.85
Turnley, Kim 512 S Irving Kaplan LA 70548	Other (Enter Description) Other Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/31/98	\$14.00

SUBTOTAL of Disbursements This Page (optional)

\$3,135.78

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Operating Expenditures

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NAME OF COMMITTEE (In Full)

Chris John For Congress Committee INC

C00316598

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Turnley, Kim 512 S Irving Kaplan LA 70548	Office Expenses Reimburse phone usage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/3/98	\$97.96
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/18/98	\$522.90
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/24/98	\$522.90
Turnley, Kim 512 S Irving Kaplan LA 70548	Campaign Workers' Salaries Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/7/98	\$522.90
U S House Members Dining Street Required Washington DC 20515	Dining Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/98	\$47.15
U S House Of Rep Gift Shop B 217 Longworth Building Washington DC 20515	Gift Gift Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/22/98	\$49.20
U S Postal 118 W 3rd Street Kaplan LA 70548	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/22/98	\$10.75
U S Postal 118 W 3rd Street Kaplan LA 70548	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/22/98	\$5.00
United States Postal Service Longworth HOB Suite B202 Washington DC 20515	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	8/22/98	\$6.00

SUBTOTAL of Disbursements This Page (optional)

\$1,784.76

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

Operating Expenditures

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NAME OF COMMITTEE (in Full)

Chris John For Congress Committee INC

C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
United States Postal Service Longworth HOB Suite B202 Washington DC 20515	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/98	\$32.00
United States Postal Service Longworth HOB Suite B202 Washington DC 20515	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$32.00
Us Postal Service 3523 Ambassador Caffery Lafayette LA 70503	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$10.75
Us Postal Service 123 E 3rd Street Crowley LA 70526	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$160.00
Us Postal Service 123 E 3rd Street Crowley LA 70526	Postage Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$32.00
Walmart 729 Odfellows Road Crowley LA 70527	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/98	\$48.56
Walmart 3222 Ambassador Caffery Pkwy Lafayette LA 70508	Office Expenses Donated School Supplies Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$30.00
Walmart 1229 NW Evangeline Thruway Lafayette LA 70501	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	7/21/98	\$21.37
Winn Dixie 2004 North Parkerson Crowley LA 70526	Office Expenses Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/23/98	\$90.68

SUBTOTAL of Disbursements This Page (optional)

\$457.36

TOTAL This Period (last page this line number only)

\$38,036.00

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER 20(a)

Refunds of Contributions to Individuals

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)

Chris John For Congress Committee INC

C00316598

A. Full Name, Mailing Address and ZIP Code Meyer, Vernon 1604 Beau Chene Westlake LA 70669	Purpose of Disbursement Refund of 5/11/98 Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 8/19/98	Amount of Each Disbursement this Period \$200.00
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
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
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
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
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
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
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
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
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)	\$200.00
TOTAL This Period (last page this line number only)	\$200.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER

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Other Disbursements

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)

Chris John For Congress Committee INC

C00318586

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Afflerbach For Congress P.O. Box 10605 Lehigh Valley PA 18002	Roy Afflerbach House 15 (PA) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/24/98	\$1,000.00
Baron Hill For Congress 300 N Chestnut Office 7 Seymour IN 47274	Baron Hill House 09 (IN) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/24/98	\$1,000.00
Beckman For Congress P.O. Box 708 Owatonna MN 55060	Tracy Beckman House 01 (MN) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/24/98	\$500.00
Dan Williams For Congress 280 North 8th Street Boise ID 83702	Dan Williams House 01 (ID) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/24/98	\$1,000.00
Dunn For Congress P.O. Box 523 Carmichael CA 95609	Sandie Dunn House 03 (CA) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/24/98	\$500.00
Friends Of Bud Cramer P.O. Box 2621 Huntsville AL 35801	Bud Cramer House 05 (AL) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/15/98	\$1,000.00
Friends Of Jim Maloney 1325 E Main Street Suite 12 Waterbury CT 06705	Jim Maloney House 05 (CT) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/11/98	\$1,000.00
Jay Johnson For Congress P.O. Box 8053 Green Bay WI 54308	Jay Johnson House 08 (WI) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/11/98	\$1,000.00
Jerry Cooper For Congress P.O. Box 137 Smart TN 37378	Jerry Cooper House 05 (TN) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/18/98	\$1,000.00

SUBTOTAL of Disbursements This Page (optional)

\$8,000.00

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 4

FOR LINE NUMBER 21

Other Disbursements

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NAME OF COMMITTEE (in Full)		C00316596	
A. Full Name, Mailing Address and ZIP Code Julia Carson For Congress Comm 1 North Capitol Street 211 Indianapolis IN 46204	Purpose of Disbursement Julia Carson House 10 (IN) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/11/98	Amount of Each Disbursement this Period \$1,000.00
B. Full Name, Mailing Address and ZIP Code Leonard Boswell For Congress P.O. Box 823 Indianola IA 50125	Purpose of Disbursement Leonard Boswell House 03 (IA) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/11/98	Amount of Each Disbursement this Period \$1,000.00
C. Full Name, Mailing Address and ZIP Code Loy Sneary For Congress P.O. Box 187 Houston TX 77040	Purpose of Disbursement Loy Sneary House 14 (TX) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/24/98	Amount of Each Disbursement this Period \$500.00
D. Full Name, Mailing Address and ZIP Code Lucas For Congress 8100 Burlington Pike Suite 334 Florence KY 41042	Purpose of Disbursement Ken Lucas House 04 (KY) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/24/98	Amount of Each Disbursement this Period \$1,000.00
E. Full Name, Mailing Address and ZIP Code Max Sandlin For Congress P.O. Box 1281 Marshall TX 75570	Purpose of Disbursement Max Sandlin House 01 (TX) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/11/98	Amount of Each Disbursement this Period \$1,000.00
F. Full Name, Mailing Address and ZIP Code Mel Watt For Congress 700 E S Tonewall Street Charlotte NC 28202	Purpose of Disbursement Mel Watt House 12 (NC) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/15/98	Amount of Each Disbursement this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Moore For Congress P.O. Box 14631 Shawnee Mission KS 66285	Purpose of Disbursement Dennis Moore House 03 (KS) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/24/98	Amount of Each Disbursement this Period \$1,000.00
H. Full Name, Mailing Address and ZIP Code Pat Casey for Congress 434 Lockawanna Ave Scranton PA 18503	Purpose of Disbursement Pat Casey House 10 (PA) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/29/98	Amount of Each Disbursement this Period \$1,000.00
I. Full Name, Mailing Address and ZIP Code Phelps For Congress 209 N Vine Harrisburg IL 62946	Purpose of Disbursement David Phelps House 19 (IL) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Date (month, day, year) 9/24/98	Amount of Each Disbursement this Period \$1,000.00

SUBTOTAL of Disbursements This Page (optional)	\$8,500.00
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 3 OF 4

FOR LINE NUMBER 21

Other Disbursements

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NAME OF COMMITTEE (in Full) **Chris John For Congress Committee INC** C00318596

<p>A. Full Name, Mailing Address and ZIP Code Re-Elect McGovern Committee P.O. Box 405 Worcester MA 01606</p>	<p>Purpose of Disbursement McGovern House 03 (MA) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 9/11/98</p>	<p>Amount of Each Disbursement this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Sanford Bishop For Congress P.O. Box 909 Columbus GA 31902</p>	<p>Purpose of Disbursement Sanford Bishop House 02 (GA) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 9/15/98</p>	<p>Amount of Each Disbursement this Period \$1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Sheral Lavergne Campaign 701 Sall Mae Street Lake Charles LA 70601</p>	<p>Purpose of Disbursement nonfederal Contribution Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 8/13/98</p>	<p>Amount of Each Disbursement this Period \$100.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Shows For Congress RT 2 Box 228 A 1 Bassfield MS 39421</p>	<p>Purpose of Disbursement Shows House 04 (MS) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 9/15/98</p>	<p>Amount of Each Disbursement this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Stallings For Congress 2288 Elmore Street Pocatello ID 83201</p>	<p>Purpose of Disbursement Richard Stallings House 02 (ID) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 9/24/98</p>	<p>Amount of Each Disbursement this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Stenholm For Congress P.O. Box 1032 Stamford TX 79553</p>	<p>Purpose of Disbursement Stenholm House 17 (TX) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 9/11/98</p>	<p>Amount of Each Disbursement this Period \$1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Strickland For Congress 1337 Hollow Road Lucasville OH 45648</p>	<p>Purpose of Disbursement Strickland House 06 (OH) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 9/24/98</p>	<p>Amount of Each Disbursement this Period \$1,000.00</p>
<p>H. Full Name, Mailing Address and ZIP Code Thompson For Congress P.O. Box 1998 Saint Helena CA 94574</p>	<p>Purpose of Disbursement Mike Thompson House 01 (CA) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 9/24/98</p>	<p>Amount of Each Disbursement this Period \$500.00</p>
<p>I. Full Name, Mailing Address and ZIP Code Tierney For Congress P.O. Box 8013 Salem MA 01870</p>	<p>Purpose of Disbursement John Tierney House 06 (MA) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Date (month, day, year) 9/11/98</p>	<p>Amount of Each Disbursement this Period \$1,000.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>\$7,600.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 21

Other Disbursements

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NAME OF COMMITTEE (in Full) **Chris John For Congress Committee INC** C00316596

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
Vic Snyder For Congress 1020 West 3rd Street Little Rock AR 72201	Vic Snyder House 02 (AR) Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	9/11/98	\$1,000.00
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
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
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
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
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
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
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)	\$1,000.00
TOTAL This Period (last page this line number only)	\$25,100.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
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PREPARER

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