

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

AUG 2 8 57 AM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) SNOWBARGER FOR CONGRESS		2. FEC IDENTIFICATION NUMBER C00308569
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 110 S CHERRY		
CITY, STATE and ZIP CODE OLATHE KS 66061	STATE/DISTRICT KS/03	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

### 4. TYPE OF REPORT

- 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)
- 12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report for the \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Termination Report

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
Jan. 1, 1997 through June 30, 1997		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	18,095.00	18,095.00
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	18,095.00	18,095.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20,533.19	20,533.19
(b) Total Offsets to Operating Expenditures (from Line 14)	1,995.35	1,995.35
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	18,537.84	18,537.84
8. Cash on Hand at Close of Reporting Period (from Line 27)	9,567.52	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20543 Toll Free 800-424-9530 Local 202-219-3420
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	26,563.26	

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 JAY F. KETTERLING CPA	Date JULY 30, 1997
Signature of Treasurer 	

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

# DETAILED SUMMARY PAGE

## of Receipts and Disbursements

(Page 2; FEC FORM 3)

Name of Committee (in full)

SNOW BARGER FOR CONGRESS C00308569

Report Covering the Period:

From Jan. 1, 1997 To June 30, 1997

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	1300.00		11(a)(i)
(ii) Unitemized	295.00		11(a)(ii)
(iii) Total of contributions from individuals	1595.00	1595.00	11(a)(iii)
(b) Political Party Committees	0	0	11(b)
(c) Other Political Committees (such as PACs)	16500.00	16500.00	11(c)
(d) The Candidate	0	0	11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	18095.00	18095.00	11(e)
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES</b>	0	0	12
<b>13. LOANS:</b>			
(a) Made or Guaranteed by the Candidate	2000.00	2000.00	13(a)
(b) All Other Loans	0	0	13(b)
(c) TOTAL LOANS (add 13(a) and (b))	2000.00	2000.00	13(c)
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>	1995.35	1995.35	14
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>	21.19	21.19	15
<b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>	22111.54	22111.94	16
<b>II. DISBURSEMENTS</b>			
<b>17. OPERATING EXPENDITURES</b>	20533.19	20533.19	17
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>	0	0	18
<b>19. LOAN REPAYMENTS:</b>			
(a) Of Loans Made or Guaranteed by the Candidate	2000.00	2000.00	19(a)
(b) Of All Other Loans	0	0	19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	2000.00	2000.00	19(c)
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>			
(a) Individuals/Persons Other Than Political Committees	0	0	20(a)
(b) Political Party Committees	0	0	20(b)
(c) Other Political Committees (such as PACs)	0	0	20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	0	0	20(d)
<b>21. OTHER DISBURSEMENTS</b>			21
<b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>	22533.19	22533.19	22

### III. CASH SUMMARY

CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 9989.17	23
TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 22111.54	24
SUBTOTAL (add Line 23 and Line 24)	\$ 32100.71	25
TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$ 22533.19	26
CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$ 9567.52	27

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**CONTRIBUTIONS FROM INDIVIDUALS/PERSONS.**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11(a)(1)

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

**NAME OF COMMITTEE (in Full)**

SNOWBARGER FOR CONGRESS C00308569

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Weiss 4514 Muncaster Mill Rd Rockville MD 20853	Black & Veatch	6-23-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alson R Martin 2349 W 118th Ter Leawood KS 66211-3051	Shook, Hardy & Bacon	5-8-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay F. Ketterling 12418 W 152nd St Overland Park, KS 66221	David Lundgren & Co.	6-23-97 5-27-97	200.00 100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CPA	Aggregate Year-to-Date > \$ 300	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	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 > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	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 > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	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 > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	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)

TOTAL This Period (last page this line number only)

1300.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

SNOWBARGER FOR CONGRESS 000308569

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Western Resources PAC PO Box 889 Topeka KS 66601		1-20-97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Black & Veatch Good Gov't Fund 8400 Ward Pkwy Kansas City MO 64114		1-28-97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 1996 Primary Debt	Occupation	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Airport Systems International PAC 11300 W 89th St Overland Park KS 66214		1-28-97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 1996 Primary Debt	Occupation	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Commerce Bancshares Inc. PAC PO 13686 Kansas City MO 64199		2-15-97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allied Signal PAC 1001 Pennsylvania Ave NW Washington, DC 20004		6-26-97	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sprint Corporation PAC PO 11315 Kansas City MO 64112		2-3-97	3000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 3000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AANA PAC American Assoc of Nurse Anesthetists 412 First St, SE Ste 12 Washington, DC 20003		1-20-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	

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

5500.00

**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 4  
FOR LINE NUMBER 11 (C)

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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NAME OF COMMITTEE (In Full)

SNOWBARGER FOR CONGRESS C00308569

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mortgage Bankers PAC 1125 15th St NW Washington, D.C. 20005-2766		3-1-97	2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 2000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
K.C. Power PAC 1301 Pennsylvania Ave, NW Washington DC 20004		6-23-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Citicorp PAC 1101 Pennsylvania Ave., NW Washington, DC 20004		6-23-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mid-Am Dairymen PAC 3253 E Chestnut Expressaway Springfield, MO 65802		6-23-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Hospital Assoc PAC 325 7th St, NW Washington, DC 20004		6-23-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
American Crystal Sugar PAC 101 N 3rd St Moorhead MN 56560		6-30-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Investment Management PAC Washington DC 20004		6-30-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 4  
FOR LINE NUMBER 11(c)

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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**NAME OF COMMITTEE (In Full)**

SNOWBARGER FOR CONGRESS C00308569

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chrysler Public Support Committee PAC 1000 Chrysler Dr Auburn Hills MI 48326-2766		6-30-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AFSA PAC 919 18th St NW Washington, DC 20006		6-30-97	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ford Motor Co Civic Action Fund PAC The American Road Dearborn MI 48121		6-30-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Realtors PAC 430 N Michigan Ave Chicago IL 60611		6-20-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
House PAC 2700 Sanders RD Prospect Heights, IL 60070		6-20-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Reform PAC PO Box 687 Morris IL 60450		6-20-97	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Payless Shoesource PAC 3231 East 6th St Topeka, KS 66607		6-18-97	1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	

<b>SUBTOTAL</b> of Receipts This Page (optional)	4000.00
<b>TOTAL</b> This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES**

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

PAGE 4 OF 4  
FOR LINE NUMBER 11(c)

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**NAME OF COMMITTEE (In Full)**

SNOWBARGER FOR CONGRESS C00308569

<p><b>A. Full Name, Mailing Address and ZIP Code</b> NationsBank Corporation PAC NationsBank Corporation Charlotte, NC 28255</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 &gt; \$ 500.</p>	<p>Date (month, day, year) 6-27-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Western Resources Employee PAC PO Box 889 Topeka, KS 66601</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 &gt; \$ 750</p>	<p>Date (month, day, year) 6-18-97</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> KochPAC PO Box 2256 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 &gt; \$ 1000</p>	<p>Date (month, day, year) 6-27-97</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b></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 &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p><b>SUBTOTAL of Receipts This Page (optional)</b> .....</p>	<p>2000.00</p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p>	<p>16500.00</p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 13(a)

**LOANS MADE OR GUARANTEED BY THE CANDIDATE**

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NAME OF COMMITTEE (In Full)

SNOWBARGER FOR CONGRESS C00308569

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vincent K Snowbarger 1451 Orleans Olathe, KS 66062	Federal Government	4-29-97 6-03-97	1000.00 1000.00 (Personal funds)
Receipt For: <input checked="" type="checkbox"/> Primary 98 <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation US Congressman	Aggregate Year-to-Date > \$ 2000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	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 > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	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 > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	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 > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	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 > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	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 > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	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)

TOTAL This Period (last page this line number only)

2000.00



**SCHEDULE A**

**ITEMIZED RECEIPTS**

**OFFSETS TO OPERATING EXPENDITURES**

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

PAGE 1 OF 1  
FOR LINE NUMBER 14

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**NAME OF COMMITTEE (in Full)**

SNOWBARGER FOR CONGRESS 000308569

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Southwestern Bell Telephone PO 6300017 Dallas TX 75263		3-21-97 3-01-97	745.12 49.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date \$ 794.25			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	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 \$			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	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 \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	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 \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	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 \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	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 \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	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) .....

TOTAL This Period (last page this line number only) .....

794.25

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER  
17

**OPERATING EXPENDITURES**

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NAME OF COMMITTEE (In Full)

SNOWBARGER FOR CONGRESS C00308569

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kevin Yowell 10217 W 86th Overland Park, KS 66212	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/1/97	989.37
Lisa Browning 12504 S Constance Olathe KS 66062	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/1/97	1402.30
Gary Haulmark 2900 Kensington Lawrence KS 66046	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/1/97	1978.74
John Kerr 508 1/2 SW 10th Topeka KS 66612	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/1/97	1217.24
Bradley Burke 4220 SW Minnesota Topeka KS 66609	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/1/97	385.74
Susan Malone 13840 206th St Linwood KS 66052	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/1/97 6/13/97 6/27/97	404.74 192.87 192.87
Bradly Burke 4220 SW Minnesota Topeka KS 66609	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/03/97 2/17/97 3/05/97	192.87 192.87 192.87
Bradley Burke	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/17/97 4/01/97 4/21/97	192.87 192.87 192.87
Bradley Burke	Wages Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/05/97 5/14/97 6/03/97	192.87 192.87 192.87

SUBTOTAL of Disbursements This Page (optional)

8499.70

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**OPERATING EXPENDITURES**

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

PAGE 2 OF 4  
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

SNOWBARGER FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Advance Self Storage 1501 S Mahaffie Cir Olathe KS 66062	Storage	2/3/97	135.20
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/17/97	62.10
	<input type="checkbox"/> Other (specify)	4/25/97	125.20
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Advance Self Storage	Storage	6/10/97	63.10
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Andrew Apple 1504 Wells Fargo Olathe KS 66062	Computer Consulting	5/19/97	436.50
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T PO 27-866 Kansas City MO 64184	Telephone expense	2/6/97	135.83
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/5/97	135.83
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brad Borek 4720 SW Minnesota Topeka KS 66609	Mileage	3/1/97	51.33
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cellular One 7501 W 119th ST Overland Park KS	Mobile phone charges	3/5/97	319.26
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DeCoursey Business Systems 9120 Barton Lenexa KS 66214	Copier Rental	3/5/97	158.84
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First National Bank of Olathe 444 E Santa Fe Olathe KS 66061	Payroll tax deposits	1/15/97	2682.63
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/18/97	1400.00
	<input type="checkbox"/> Other (specify)	3/17/97	136.52
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First National Bank of Olathe	Payroll tax deposits	3/20/97	680.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/15/97	136.52
	<input type="checkbox"/> Other (specify)	4/30/97	72.40

SUBTOTAL of Disbursements This Page (optional)

6731.26

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

17

**OPERATING EXPENDITURES**

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NAME OF COMMITTEE (in Full)

SNOWBARGER FOR CONGRESS C00308569

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
First National Bank of Olathe 444 E Santa Fe Olathe, KS 66061	Payroll tax deposits	5/15/97	136.52
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16/97	136.52
B. Full Name, Mailing Address and ZIP Code Gary Haulmark (address above)	Reimb. meals/mileage	1/08/97	64.11
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code KCPL PO 419330 Kansas City MO 64141	Utilities	1/26/97	122.51
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Kansas Power & Light 323 N Parker Olathe KS 66061	Utilities	6/10/97	54.28
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code Kansas Department of Revenue State Office Building Topeka Kansas	Payroll taxes	1/15/97	853.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/97	271.00
F. Full Name, Mailing Address and ZIP Code Kansas Employment Security PO 400 Topeka KS 66601	Payroll taxes	1/29/97	79.87
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/97	90.50
G. Full Name, Mailing Address and ZIP Code Bonnie Matles Washington, DC	Reimburse food costs	2/5/97	220.68
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code Microlink 920 Main St Ste 204 Kansas City MO 64105	Internet account	3/5/97	135.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code Nelson Weis 903A Prescott Rd Salina KS 67401	Printing services	4/16/97	185.13
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

2349.12

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**OPERATING EXPENDITURES**

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

PAGE 4 OF 4

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

SNOWBARGER FOR CONGRESS C00308569

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Southwestern Bell Telephone PO 6300017 Dallas TX 75263	Telephone	2/06/97	222.88
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	4/03/97	404.59
	<input type="checkbox"/> Other (specify)	5/14/97	105.26
B. Full Name, Mailing Address and ZIP Code Southwestern Bell Telephone	Telephone	5/27/97	195.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/01/97	195.00
	<input type="checkbox"/> Other (specify)	6/02/97	99.48
		6/10/97	99.96
C. Full Name, Mailing Address and ZIP Code United Cities Gas 730 N Ridgeview Olathe KS 66061	Utilities	1/26/97	74.41
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	2/06/97	126.19
	<input type="checkbox"/> Other (specify)	6/24/97	88.31
D. Full Name, Mailing Address and ZIP Code United States Postmaster 110 N Chestnut Olathe KS 66061	Box rental fee	3/05/97	85.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
E. Full Name, Mailing Address and ZIP Code Veatch Law Firm 110 N Cherry Olathe KS 66061	Campaign office rent	2/3/97	175.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	3/4/97	175.00
	<input type="checkbox"/> Other (specify)	4/14/97	175.00
F. Full Name, Mailing Address and ZIP Code Veatch Law Firm	Campaign office rent	5/5/97	175.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	6/3/97	175.00
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

2571.08

TOTAL This Period (last page this line number only) .....

20151.16

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**LOAN REPAYMENTS (MADE BY CANDIDATE)**

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

PAGE 1 OF 1

FOR LINE NUMBER 19(a)

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NAME OF COMMITTEE (In Full)

SNOWBARGER FOR CONGRESS C00308569

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Loan Repayment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 2/6/97	Amount of Each Disbursement This Period 2000.00
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) .....

TOTAL This Period (last page this line number only) .....

2000.00

Name of Committee (in Full) <b>SNOWBARGER FOR CONGRESS C00308569</b>			
<b>A. Full Name, Mailing Address and ZIP Code of Loan Source</b> Vincent K Snowbarger 1451 Orleans Olathe, KS 66062 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Original Amount of Loan</b> 7500.00	<b>Cumulative Payment To Date</b> 2000.00	<b>Balance Outstanding at Close of This Period</b> 5500.00
Terms: Date Incurred <u>12-31-96</u> Date Due <u>12-01-97</u> Interest Rate <u>None</u> % (ap) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
<b>B. Full Name, Mailing Address and ZIP Code of Loan Source</b>	<b>Original Amount of Loan</b>	<b>Cumulative Payment To Date</b>	<b>Balance Outstanding at Close of This Period</b>
Vincent K Snowbarger	1000	0	1000.00
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>3-29-97</u> Date Due <u>12-01-97</u> Interest Rate <u>None</u> % (ap) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
<b>SUBTOTALS This Period This Page (optional)</b>			6500.00
<b>TOTALS This Period (last page in this line only)</b>			

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**LOANS**

Name of Committee (in Full) <b>SNOWBARGER FOR CONGRESS C00308569</b>			
A. Full Name, Mailing Address and ZIP Code of Loan Source  <b>Vincent K Snowbarger</b>	Original Amount of Loan <b>1000.00</b>	Cumulative Payment To Date <b>0</b>	Balance Outstanding at Close of This Period <b>1000.00</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred <u>6-03-97</u> Date Due <u>12-01-97</u> Interest Rate <u>NONE</u> % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional) .....	1000.00
TOTALS This Period (last page in this line only) .....	7500.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
SNOWBARGER FOR CONGRESS CD0308569				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Kansas Republican Party 2348 S Topeka Blvd Topeka KS 66611	8000.00	0	0	8000.00
Nature of Debt (Purpose): Get-out-the-vote phone calls				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Machado & Co. 4629A MacArthur NW Washington, DC 20007	5300.00	1620.60	0	6920.60
Nature of Debt (Purpose): Fundraising services				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Kinkos PO 8033 Ventura California 93002	0	1816.30	0	1816.30
Nature of Debt (Purpose): Printing expense				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Capitol Hill Club 300 First St SE Washington, DC 20003	0	1251.36	0	1251.36
Nature of Debt (Purpose): Catering services-fundraiser				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor National Political Associates 1156 15th St, NW Ste 530 Washington, DC 20005	0	1075.00	0	1075.00
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				19063.26
2) TOTALS This Period (last page in this line only)				7500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				26563.26
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

