

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  Reported	2. FEC IDENTIFICATION NUMBER 000281311
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

Termination Report

Monthly Report Due On:

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

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>April 1, 1994</u> through <u>June 30, 1994</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 1213
(b) Cash on Hand at Beginning of Reporting Period	\$ 22919	
(c) Total Receipts (from Line 19)	\$ 1400	\$ 24108
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 24319	\$ 25426
7. Total Disbursements (from Line 30)	\$ 1520	\$ 2623
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 22798	\$ 22793
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-8420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0	

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

Type or Print Name of Treasurer RAUNALD E. ELLIS	Date 7/14/94
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.

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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <i>The Lincoln Society of Miss...</i>	REPORT COVERING PERIOD FROM <i>4/1/92</i> TO <i>6/30/92</i>	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) <i>1400</i>	<i>1400</i>	<i>24107</i>
ii. Unitemized <i>Receipts under \$200</i>	<i>0</i>	<i>2210</i>
iii. Total (add i and ii) >	<i>1400</i>	<i>24107</i>
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	<i>1400</i>	<i>24107</i>
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		
20. Total Federal Receipts (subtract line 18 from line 19) >		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4):		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >	<i>0</i>	<i>1107</i>
22. Transfers to Affiliated/Other Party Committees <i>Schedule G</i>	<i>1520</i>	<i>1520</i>
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>1520</i>	<i>2627</i>
31. Total Federal Disbursements (subtract line 21 e ii from line 30) >	<i>1520</i>	<i>2627</i>
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	<i>1400</i>	<i>24107</i>
33. Total Contribution Refunds (from line 28d)	<i>0</i>	<i>0</i>
34. Net Contributions (other than loans)(subtract line 33 from line 32)	<i>1400</i>	<i>24107</i>
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	<i>1520</i>	<i>2627</i>
36. Offsets to Operating Expenditures (from line 15)	<i>0</i>	<i>0</i>
37. Net Operating Expenditures (subtract line 36 from line 35) >	<i>1520</i>	<i>2627</i>

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 4  
FOR LINE NUMBER 326

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)

The Leg. Comm. of Alaska

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Hall 13124 Stephanie Dr. Anchorage, AK 99515	Self Employed	4-4-94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>MANAGEMENT FEES</u>	Occupation: <u>Insurance Broker</u> Aggregate Year-to-Date > \$ <u>555.00</u>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim Worthen PO Box 21325 Anchorage, AK 99521	Regent. St. Johns	4-1-94	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>MEMBERSHIP DUES</u>	Occupation: <u>Travel / V. President</u> Aggregate Year-to-Date > \$ <u>150.00</u>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David W. Cuddy 1900 Stanford Dr. Anchorage, AK 99575	First National Bank of Alaska	4-18-94	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>MANAGEMENT FEES</u>	Occupation: <u>Banker</u> Aggregate Year-to-Date > \$ <u>1000.00</u>		
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) ..... 1400.00

TOTAL This Period (last page this line number only) ..... 1650.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

*The Lincoln Society of Alaska*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>The Lincoln Society of Alaska Operating Account</i>	<i>TRAVEL OUT MEMBERIAL FUND</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>PER FR 6/24</i>	<i>6-23-94</i>	<i>1520.00</i>
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

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SUBTOTAL of Disbursements This Page (optional) .....	<i>1520.00</i>
TOTAL This Period (last page this line number only) .....	<i>1520.00</i>

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE**  
**FOR INCOMING DOCUMENTS**

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

7/15/94

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*J.A.Q.*  
PREPARER

7/19/94  
DATE PREPARED

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