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)
AMERICAN HOTEL MOTEL POLITICAL ACTION COMMITTEE (AHMPAC)

ADDRESS (number and street) ☐ Check if different than previously reported
1201 New York Avenue, N.W., Sixth Floor

CITY, STATE and ZIP CODE
Washington, DC 20005-3931

MAY 9 11 03 AM '95

2. FEC IDENTIFICATION NUMBER
C00001198

3. ☐ 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:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☒ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ 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 April 1, 1995 through April 30, 1995		
6. (a) Cash on Hand January 1, 19 95		$ 21,940.24
(b) Cash on Hand at Beginning of Reporting Period	$ 6,154.11	
(c) Total Receipts (from Line 19)	$ 5,178.35	$ 21,078.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 11,332.46	$ 43,018.79
7. Total Disbursements (from Line 30)	$ 2,125.00	$ 33,811.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 9,207.46	$ 9,207.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

Type or Print Name of Treasurer
Michael D. Gehrisch, Assistant Secretary Treasurer, AHMPAC

Signature of Treasurer
Michael D. Gehrisch

Date 5/5/95

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

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE (AHMPAC)
American Hotel Motel Political Action Committee

REPORT COVERING PERIOD FROM 4/1/95 TO: 4/30/95

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	2,300.00	8,300.00
ii. Unitemized	2,850.00	12,635.96
iii. Total (add i and ii) ➤	5,150.00	20,935.96
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	5,150.00	20,935.96
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.)	28.35	142.59
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5,178.35	21,078.55
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5,178.35	21,078.55
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	25.00	211.33
c. Total Operating Expenditures (add a i, a ii, and b) ➤	25.00	211.33
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,100.00	33,600.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,125.00	33,811.33
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	2,125.00	33,811.33
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	5,150.00	20,935.96
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,150.00	20,935.96
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	25	211.33
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	25.00	211.33

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

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)

American Hotel Motel Political Action Committee (AHMPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Bank 1445 New York Avenue, NW Washington, DC 20005		4/30/95	$28.35
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) $28.35

SCHEDULE A ITEMIZED RECEIPTS

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

For Line Number 11a (i)

Contributions from 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 for such committee.

NAME OF COMMITTEE (In Full)
American Hotel Motel Political Action Committee (AHMPAC)

Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Creighton Holden 18 Northlake Road Columbia, SC 29223	Encore Marketing International, Inc. Occupation: Hotelier	04/14/95	1000.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date > $ 1000.00		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
David B Kenney 310 King Street Atlanta, GA 30342	Kenney Enterprises Occupation: Hotelier	04/14/95	250.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date > $ 250.00		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Robert R King 600 West Peachtree Atlanta, GA 30308	Georgia Hospitality & Travel Assoc. Occupation: Trade Association Executi	04/19/95	250.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date > $ 250.00		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Richard C Nelson CHA Grand Hyatt 1000 H Street, N.W. Washington, DC 20001	Grand Hyatt Washington Occupation: Hotelier	04/14/95	500.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date > $ 500.00		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Warren Wilkie Fountain Suites Hotel 321 Bercut Drive Sacramento, CA 95814	Fountain Suites Hotel Occupation: Hotelier	04/14/95	300.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date > $ 300.00		

SUBTOTAL of Receipts This Page (optional)----------> 2300.00

TOTAL This Period(last page this line number only)----> 2300.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

American Hotel Motel Political Action Committee (AHMPAC)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Crestar Bank 1445 New York Avenue, NW Washington, DC 20005	Bank Charge for Stop Payment Issued on Ck. #2618 to Friends of Roger Wicker. Disbursement for: Primary General Other (specify)	4/30/95	$25.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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)	$25.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Hotel Motel Political Action Committee (AHMPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Matt Salmon for Congress 121 West Main Street Mesa, AZ 285201	Congressman Matt Salmon R-AZ-1st District Disbursement for: Primary General Other (specify)	4/4/95	$350.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ike Skelton for Congress PO Box A Harrisonville, MO 64701	Congressman Ike Skelton D-MO-4th District Disbursement for: Primary General Other (specify)	4/4/95	$400.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Clay Shaw 4451 Brookfield Corp. Drive, #200 Chantilly, VA 22021-1652	Congressman Clay Shaw R-FL-22nd District Disbursement for: Primary General Other (specify)	4/5/95	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Roger Wicker PO Box 16021 Alexandria, VA 22302	Congressman Roger Wicker R-MS-1st District Disbursement for: Primary General Other (specify)	*Check lost in mail. 3/1/95	($350.00)
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Roger Wicker PO Box 16021 Alexandria, VA 22302	Congressman Roger Wicker R-MS-1st District Disbursement for: Primary General Other (specify)	4/7/95 replaces lost check issued 3/1/95 (see above)**	$350.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Bunn PO Box 5141 Salem, OR 97305	Congressman Jim Bunn R-OR-5th District Disbursement for: Primary General Other (specify)	4/13/95	$350.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General 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: Primary General 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: Primary General Other (specify)		

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

TOTAL This Period (last page this line number only) $2,100.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 5/8/95
☐	Registered/Certified Mail	POSTMARKED
☐	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

E.S.
PREPARER

5/9/95
DATE PREPARED

FEC FORM 70-2 (12/92)