REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE DIVISION

93 AUG 26 PM 6:10

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
United States Telephone Association
Political Action Committee

ADDRESS (number and street) Check if different than previously reported

900 19th Street, NW

CITY, STATE and ZIP CODE

Washington, DC 20006-2190

2. FEC IDENTIFICATION NUMBER

C00000984

3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on

date

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	x 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 x NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 7/1/93 through 7/31/93		
6	(a) Cash on Hand January 1, 19 93		$ 7,669.75
	(b) Cash on Hand at Beginning of Reporting Period	$ 6,583.96	
	(c) Total Receipts (from Line 19)	$ 1,891.22	$65,476.43
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 8,475.18	$73,146.18
7.	Total Disbursements (from Line 30)	$ 0.00	$64,671.00
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 8,475.18	$ 8,475.18
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)	$	

For further information contact:
Federal Election Commission
999 E Street NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Gerard Lavery Lederer

Signature of Treasurer

Date 8/26/93

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

(rev. sept. 1-1-91)

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

Revised 1/91

NAME OF COMMITTEE United States Telephone Association Political Action Committee

REPORT COVERING PERIOD FROM 7/1/93 TO 7/31/93

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)	525.00	18,425.00
ii. Unitemized	360.00	840.00
iii. Total (add i and ii) ➤	885.00	19,265.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)	975.00	45,975.00
d. Total Contributions (add a iii, b and c) ➤	1,860.00	65,240.00
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.)	31.22	236.43
18. Transfers from Non-Federal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,891.22	65,476.43
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,891.22	65,476.43
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) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	64,250.00
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		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		421.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	0.00	64,671.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	0.00	64,671.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	1,860.00	65,240.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans) (subtract line 33 from 32)	1,860.00	65,240.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00

SCHEDULE A ITEMIZED RECEIPTS

For Line Number 11 a.(i)

[illegible]

Name of Committee
United States Telephone Association Political Action Committee

A. Full Name, Mailing Address & Zip Code Ray J Riordan, Jr 5711 Tonyawatha Trail Monona, WI 53716 Receipt for: ___ primary X general xxxx other (specify)	Name of Employer: Telephone & Data Systems Occupation: Executive Aggregate Year to Date $ 525.00	Date (month, day, year) July 6, 1993	Amount of Each Receipt this Period $ 525.00
B. Full Name, Mailing Address & Zip Code Receipt for: ___ primary ___ general ___ other (specify)	Name of Employer: Occupation: Aggregate Year to Date $	Date (month, day, year)	Amount of Each Receipt this Period $
C. Full Name, Mailing Address & Zip Code Receipt for: ___ primary ___ general ___ other (specify)	Name of Employer: Occupation: Aggregate Year to Date $	Date (month, day, year)	Amount of Each Receipt this Period $
D. Full Name, Mailing Address & Zip Code Receipt for: ___ primary ___ general ___ other (specify)	Name of Employer: Occupation: Aggregate Year to Date $	Date (month, day, year)	Amount of Each Receipt this Period $
E. Full Name, Mailing Address & Zip Code Receipt for: ___ primary ___ general ___ other (specify)	Name of Employer: Occupation: Aggregate Year to Date $	Date (month, day, year)	Amount of Each Receipt this Period $
F. Full Name, Mailing Address & Zip Code Receipt for: ___ primary ___ general ___ other (specify)	Name of Employer: Occupation: Aggregate Year to Date $	Date (month, day, year)	Amount of Each Receipt this Period $
G. Full Name, Mailing Address & Zip Code Receipt for: ___ primary ___ general ___ 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			$
Total this period (last page this line number only)			$ 525.00

.3038373

SCHEDULE A ITEMIZED RECEIPTS

For Line Number 11 (c)

[illegible]

Name of Committee (in full)
United States Telephone Association Political Action Committee

A. Full Name, Mailing Address & Zip Code FONEPAC 6602 Normandy Lane Madison, WI 53719 Receipt for: primary X general other (specify)	Name of Employer: Occupation: Aggregate Year-to-Date $975.00	Date (month, day, year) July 6, 1993	Amount of Each Receipt this Period $ 975.00
B. Full Name, Mailing Address & Zip Code Receipt for: primary general other (specify)	Name of Employer: Occupation: Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period $
C. Full Name, Mailing Address & Zip Code Receipt for: primary general other (specify)	Name of Employer: Occupation: Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period $
D. Full Name, Mailing Address & Zip Code Receipt for: primary general other (specify)	Name of Employer: Occupation: Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period $
E. Full Name, Mailing Address & Zip Code Receipt for: primary general other (specify)	Name of Employer: Occupation: Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period $
F. Full Name, Mailing Address & Zip Code Receipt for: primary general other (specify)	Name of Employer: Occupation: Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period $
G. Full Name, Mailing Address & Zip Code Receipt for: primary general 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			$
Total this period (last page this line number only)			$ 975.00

[illegible]

SCHEDULE A ITEMIZED RECEIPTS

Page 1 of 1
For Line Number 17

[illegible]

United States Telephone Association Political Action Committee

A. Full Name, Mailing Address & Zip Code Century National Bank 1875 Eye St Nw Washington, DC 20006 Receipt for: primary ___ general ___ other (specify)	Name of Employer: Checking account interest Occupation: Aggregate Year to Date: $	Date (month, day, year) July 1993	Amount of Each Receipt this Period $13.91
B. Full Name, Mailing Address & Zip Code Century National Bank 1875 Eye St NW Washington, DC 20006 Receipt for: primary ___ general ___ other (specify)	Name of Employer: Money Market account interest Occupation: Aggregate Year to Date: $	Date (month, day, year) July 1993	Amount of Each Receipt this Period $17.31
C. Full Name, Mailing Address & Zip Code Receipt for: ___ primary ___ general ___ other (specify)	Name of Employer: Occupation: Aggregate Year to Date: $	Date (month, day, year)	Amount of Each Receipt this Period $
D. Full Name, Mailing Address & Zip Code Receipt for: ___ primary ___ general ___ other (specify)	Name of Employer: Occupation: Aggregate Year to Date: $	Date (month, day, year)	Amount of Each Receipt this Period $
E. Full Name, Mailing Address & Zip Code Receipt for: ___ primary ___ general ___ other (specify)	Name of Employer: Occupation: Aggregate Year to Date: $	Date (month, day, year)	Amount of Each Receipt this Period $
F. Full Name, Mailing Address & Zip Code Receipt for: ___ primary ___ general ___ other (specify)	Name of Employer: Occupation: Aggregate Year to Date: $	Date (month, day, year)	Amount of Each Receipt this Period $
G. Full Name, Mailing Address & Zip Code Receipt for: ___ primary ___ general ___ 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			$
Total this period (last page this line number only)			$ 31.22

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 8-26-93
☐	First Class Mail	POSTMARKED
☐	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

SLH.

PREPARER

8-27-93

DATE PREPARED

FEC FORM 70-2 (12/92)