

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

DEC 9 11 49 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. N C00233247                      110894                      224 JOHN M PALATIELLO A MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS 12020 SUNRISE VALLEY DR SUITE C RESTON                      VA 22091	2. FEC IDENTIFICATION NUMBER <b>C00233247</b> 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
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## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report                      Monthly Report Due On:
- February 20     June 20                       October 20  
 July 15 Quarterly Report                       March 20                       July 20                       November 20  
 October 15 Quarterly Report                       April 20                       August 20                       December 20  
 January 31 Year End Report                       May 20                       September 20                       January 31
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- 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>10/19/94</u> through <u>11/28/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 1294.12
(b) Cash on Hand at Beginning of Reporting Period	\$ 3093.62	
(c) Total Receipts (from Line 19)	\$ 570.00	\$ 15369.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3663.62	\$ 16663.62
7. Total Disbursements (from Line 30)	\$ 3000.00	\$ 16,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 663.62	\$ 663.62
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20488 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)	\$	
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: <b>JOHN M PALATIELLO</b>		
Signature of Treasurer:		Date: <b>12/8/94</b>

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 8/83)

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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS POLITICAL ACTION COMMITTEE</b>		REPORT COVERING PERIOD FROM <b>10/19/94</b> TO: <b>11/28/94</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	250	11299.50	11(a)(i)
ii. Unitemized .....	320	3820.00	11(a)(ii)
iii. Total .....		15119.50	11(a)(iii)
b. Political Party Committees .....			11(b)
c. Other Political Committees (such as PACs) .....		250.00	11(c)
d. Total Contributions .....	570	15369.50	11(d)
12. Transfers From Affiliated/Other Party Committees .....			12
13. All Loans Received .....			13
14. Loan Repayments Received .....			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			16
17. Other Federal Receipts (Dividends, Interest, etc.) .....			17
18. Transfers from Nonfederal Account for Joint Activity .....			18
19. Total Receipts .....	570	15369.50	19
20. Total Federal Receipts .....	570	15369.50	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			21(a)(i)
ii. Non-Federal Share .....			21(a)(ii)
b. Other Federal Operating Expenditures .....			21(b)
c. Total Operating Expenditures .....			21(c)
22. Transfers to Affiliated/Other Party Committees .....			22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	3000	16000.00	23
24. Independent Expenditures (use Schedule E) .....			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26. Loan Repayments Made .....			26
27. Loans Made .....			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....			28(a)
b. Political Party Committees .....			28(b)
c. Other Political Committees (such as PACs) .....			28(c)
d. Total Contribution Refunds .....			28(d)
29. Other Disbursements .....			29
30. Total Disbursements .....	3000	16000.00	30
31. Total Federal Disbursements .....	3000	16000.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	570	15369.50	32
33. Total Contribution Refunds (from line 28d) .....			33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	570	15369.50	34
35. Total Federal Operating Expenditures .....			35
36. Offsets to Operating Expenditures (from line 15) .....			36
37. Net Operating Expenditures .....			37

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
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) **MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS POLITICAL ACTION COMMITTEE**

9403491090

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul J. Emilius 16-24 Kanouse Rd. Newfoundland, NJ 07435 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Geod Corp. Occupation: Surveyor Aggregate Year-to-Date > \$ 500	11/1/94	\$ 250
B. 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
C. 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
D. 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
E. 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
F. 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
G. 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) .....	\$ 250
TOTAL This Period (last page this line number only) .....	\$ 250

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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) **MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS POLITICAL ACTION COMMITTEE**

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Davis for Congress 9001 Braddock Rd, #200 Springfield, VA 22151	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/94	\$500
Jamison for Congress P O Box 1520 Billings, MT 59103	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	\$500
Santorum '94 340 E. MAIN ST CARLEIGE, PA 15106	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	\$1,000
Red Grams for U.S. Senate P O Box 1029 Anoka, MN 55303	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/2/94	\$1,000
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) .....	\$3,000
TOTAL This Period (last page this line number only) .....	\$3,000

**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

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*12-8-94*

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

  
 PREPARER

*12-9-94*  
 DATE PREPARED

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