REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

AUG 3 12 42 PM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Morisset, Schlosser, Ayer & Jozwiak - PAC

ADDRESS (number and street) ☐ Check if different than previously reported
801 Second Avenue, Suite 1115

CITY, STATE and ZIP CODE
Seattle, WA 98104-1509

2. FEC IDENTIFICATION NUMBER
C00277905

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election 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 1/1/97 through 6/30/97		
6. (a) Cash on Hand January 1, 1997		$2512.32
(b) Cash on Hand at Beginning of Reporting Period	$2512.32	
(c) Total Receipts (from Line 19)	$1800.18	$1800.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A, and Lines 6(a) and 6(c) for Column B)	$4312.50	$4312.50
7. Total Disbursements (from Line 30)	$2977.10	$2977.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$1335.40	$1335.40
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)	$ 0	

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

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
Mason D. Morisset

Signature of Treasurer

Date
7/24/97

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)

FE7AA047

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

(revised 1/1/91)

NAME OF COMMITTEE: Morisset, Schlosser, Ayer & Jozwiak - PAC

REPORT COVERING PERIOD FROM 1/1/97 TO 6/30/97

	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)	1800.18	1800.18	11(a)(i)
ii. Unitemized	0	0	11(a)(ii)
iii. Total (add i and ii) ➤	1800.18	1800.18	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	1800.18	1800.18	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1800.18	1800.18	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1800.18	1800.18	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	27.10	27.10	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	27.10	27.10	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2950.00	2950.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2977.10	2977.10	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2977.10	2977.10	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1800.18	1800.18	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1800.18	1800.18	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	27.10	27.10	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	27.10	27.10	37

FE7AN047

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)

Morisset, Schlosser, Ayer & Jozwiak - PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mason D. Morisset 1120 Fieldstone Lane NE Bainbridge Island, WA 98110 Receipt For: [X] Primary [X] General [ ] Other (specify):	Morisset, Schlosser, Ayer & Jozwiak Occupation: Attorney Aggregate Year-to-Date > $ 475.62	See Attached	
B. Thomas P. Schlosser 1912 1st Avenue North Seattle, WA 98109 Receipt For: [X] Primary [X] General [ ] Other (specify):	Morisset, Schlosser, Ayer & Jozwiak Occupation: Attorney Aggregate Year-to-Date > $ 476.40	See Attached	
C. Frank R. Jozwiak 11955 Olympic Terrace NE Bainbridge Island, WA 98110 Receipt For: [X] Primary [X] General [ ] Other (specify):	Morisset, Schlosser, Ayer & Jozwiak Occupation: Attorney Aggregate Year-to-Date > $ 474.54	See Attached	
D. M. Frances Ayer 1725 20th Street NW Washington, DC 20009 Receipt For: [X] Primary [X] General [ ] Other (specify):	Morisset, Schlosser, Ayer & Jozwiak Occupation: Attorney Aggregate Year-to-Date > $373.62	See Attached	
E. Full Name, Mailing Address and 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 and 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 and 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 (optional) ..... >

TOTAL This Period (last page this line number only) ..... > 1800.18

FE7AH047

ATTACHMENT TO SCHEDULE A (page 1 of 1) - ITEMIZED RECEIPTS
NAME OF COMMITTEE: MORISSET, SCHLOSSER, AYER & JOZWIAK, PAC

ITEMIZATION OF DATE AND AMOUNT OF RECEIPTS

Name	DATE (month, day, year)	Amt of Each Receipt This Period
A. Full Name, Mailing Address and ZIP Code Mason D. Morisset 1120 Fieldstone Lane NE Bainbridge, Island, WA 98110 Name of Employer Morisset, Schlosser, Ayer & Jozwiak Occupation Attorney Receipt for [X] Primary [X] General [ ] Other (specify)	1/15/97 1/31/97 2/14/97 2/28/97 3/13/97 3/31/97 4/15/97 4/30/97 5/15/97 5/30/97 6/13/97 6/30/97	39.18 39.18 39.18 39.18 39.18 39.18 40.09 40.09 40.09 40.09 40.09 40.09 Aggregate Year to Date: $475.62
A. Full Name, Mailing Address and ZIP Code Thomas P. Schlosser 1912 1st Avenue North Seattle, WA 98109 Name of Employer Morisset, Schlosser, Ayer & Jozwiak Occupation Attorney Receipt for [X] Primary [X] General [ ] Other (specify)	1/15/97 1/31/97 2/14/97 2/28/97 3/13/97 3/31/97 4/15/97 4/30/97 5/15/97 5/30/97 6/13/97 6/30/97	40.28 40.28 40.28 40.28 40.28 40.28 39.12 39.12 39.12 39.12 39.12 39.12 Aggregate Year to Date: $476.40
A. Full Name, Mailing Address and ZIP Code Frank R. Jozwiak 11955 Olympic Terrace NE Bainbridge, Island, WA 98110 Name of Employer Morisset, Schlosser, Ayer & Jozwiak Occupation Attorney Receipt for [X] Primary [X] General [ ] Other (specify)	1/15/97 1/31/97 2/14/97 2/28/97 3/13/97 3/31/97 4/15/97 4/30/97 5/15/97 5/30/97 6/13/97 6/30/97	37.84 37.84 37.84 37.84 37.84 37.84 41.25 41.25 41.25 41.25 41.25 41.25 Aggregate Year to Date: $474.54
A. Full Name, Mailing Address and ZIP Code M. Frances Ayer 1725 20th Street NW Washington, DC 20009 Name of Employer Morisset, Schlosser, Ayer & Jozwiak Occupation Attorney Receipt for [X] Primary [X] General [ ] Other (specify)	1/15/97 1/31/97 2/14/97 2/28/97 3/13/97 3/31/97 4/15/97 4/30/97 5/15/97 5/30/97 6/13/97 6/30/97	31.14 31.14 31.14 31.14 31.14 31.14 31.13 31.13 31.13 31.13 31.13 31.13 Aggregate Year to Date: $373.62
TOTAL This Period Schedule A Page 1 of 1:		$1,800.18

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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)

Morisset, Schlosser, Ayer & Jozwiak - PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Alaskans for Don Young 2300 Clarendon Blvd., Suite 1010 Arlington, VA 22201	Don Young, 1998 US Congress Re-Election Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/28/97	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Murkowski '98 2300 Clarendon Blvd., Suite 1010 Arlington, VA 22201	Francis Murkowski, 1998 US Senate Re-Election Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/28/97	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Congressman George Miller P.O. Box 5864 Concord, CA 94524	George Miller, 1998 US Congress Re-Election Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/28/97	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Furse for Congress 9220 SW Barbur, #114 Portland, OR 97219	Elizabeth Furse, 1996 US Cong. Debt Reduction Disbursement for: [ ] Primary [ ] General [X] Other (specify) '96 General Debt Reduction	2/28/97	100.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Barbara Boxer 11050 Santa Monica Blvd., Suite 200 Los Angeles, CA 90025	Barbara Boxer, 1996 US Senate Re-Election Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/28/97	250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Shadegg for Congress P.O. Box 45444 Phoenix, AZ 85064-5444	John Shadegg, 1998 US Congress Re-Election Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/24/97	100.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gephardt in Congress Committee 530 7th Street, SE, Second Floor Washington, DC 20003	Dick Gephardt, 1998 US Congress Re-Election Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/24/97	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [X] 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) 2,950.00

FE7AN047

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in Full)
MORISSET SCHLOSSER AYER & JOZWIAK, PAC

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			
Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ 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	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			
Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ 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)	
TOTALS This Period (last page in this line only)	0

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

FE6A/066

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (In Full) MORISSET SCHLOSSER AYER & JOZWIAK, PAC	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
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)				
2) TOTALS This Period (last page in this line only)				0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				0

FE5AN066

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page 1 of 1 Pages

Name of Committee (in Full)

MORISSET SCHLOSSER AYER & JOZWIAK, PAC

Full Name, Mailing Address & ZIP Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose
				☐ Support ☐ Oppose

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ 0

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $ 0

(c) TOTAL Independent Expenditures ..... $ 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature _____ Date _____

Subscribed and sworn before me this 24th day of _____ 19 97

My Commission Expires 10/98

NOTARY PUBLIC

NOTARY PUBLIC STATE OF WASHINGTON JUNE 19, 1998

FE5AN068

SCHEDULE F

ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full)

MORISSET SCHLOSSER AYER & JOZWIAK

Has your Committee been designated to make coordinated expenditures by a political party committee? ☐ YES ☒ NO
If YES, name the designating committee:

Full Name, Mailing Address and ZIP Code of Subordinate Committee

Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—$			

SUBTOTAL of Expenditures This Page (optional) ____

TOTAL This Period (last page this line number only) ____ 0

FE5A4068

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 7-27-97
☐	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

[signature] 8-3-97

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)