[illegible] DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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 2nd Avenue, Suite 1115

CITY, STATE and ZIP CODE
Seattle, WA 98104

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

☐ 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 7/1/95 through 12/31/95		
6. (a) Cash on Hand January 1, 19 95		$ 4,704.51
(b) Cash on Hand at Beginning of Reporting Period	$ 5,529.55	
(c) Total Receipts (from Line 19)	$ 1,584.13	$ 2,972.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 7,113.68	$ 7,676.68
7. Total Disbursements (from Line 30)	$ 1,250.00	$ 1,813.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	$ 5,863.68	$ 5,863.68
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
1/25/96

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 9/95)

FEI-ANOM

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

NAME OF COMMITTEE: [illegible]

REPORT COVERING PERIOD: FROM [illegible] TO [illegible]

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)	1584.13	2972.17	11(a)i
ii. Unitemized	0	0	11(a)ii
iii. Total (add i and ii) ▶	1584.13	2972.17	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) ▶	1584.13	2972.17	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) ▶	1584.13	2972.17	19
20. Total Federal Receipts (subtract line 18 from line 19) ▶	1584.13	2972.17	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	0	13.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ▶	0	13.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates, Committees and Other Political Committees	1000.00	1500.00	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	250.00	300.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	1250.00	1813.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ▶	1250.00	1813.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	1584.13	2972.17	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	1584.13	2972.17	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ▶	0	13.00	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ▶	0	13.00	37

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF

FOR LINE NUMBER(S) 11(a)

CONTRIBUTIONS FROM INDIVIDUALS OVER $200

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Mason D. Morisset 11220 Fieldstone Lane NE Bainbridge Island, WA 98110 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Morisset Schlosser Ayer & Jozwiak Occupation: Attorney Aggregate Year-to-Date $ 313.07	SEE ATTACHED	
B. Thomas F. Schlosser 1912 1st Avenue No. Seattle, WA 98109 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Morisset Schlosser Ayer & Jozwiak Occupation: Attorney Aggregate Year-to-Date $ 290.02	SEE ATTACHED	
C. Frank R. Jozwiak 11955 Olympic Terrace NE Bainbridge Island, WA 98110 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Morisset Schlosser Ayer & Jozwiak Occupation: Attorney Aggregate Year-to-Date $ 285.87	SEE ATTACHED	
D. M. Frances Ayer 1725 20th Street NW Washington, DC 20009 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Morisset Schlosser Ayer & Jozwiak Occupation: Attorney Aggregate Year-to-Date $ 244.92	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) 1133.88

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

ATTACHMENT TO SCHEDULE A (page 1 of 2) - ITEMIZED RECEIPTS

NAME OF COMMITTEE:

MORISSET, SCHLOSSER, AYER & JOZWIAK, PAC

ITEMIZATION OF DATE AND AMOUNT OF RECEIPTS FOR CONTRIBUTIONS FROM INDIVIDUALS OVER $200:

A. Name	Date (month, day, year)	Amount of Each Receipt this Period
Mason D. Morisset	7/15/95	20.02
	7/31/95	20.02
	8/15/95	26.16
	8/31/95	27.43
	9/15/95	27.43
	9/30/95	27.43
	10/15/95	27.43
	10/31/95	27.43
	11/15/95	27.43
	11/30/95	27.43
	12/15/95	27.43
	12/31/95	27.43
		Total: $313.07

B. Name	Date (month, day, year)	Amount of Each Receipt this Period
Thomas F. Schlosser	7/15/95	22.46
	7/31/95	22.46
	8/15/95	21.81
	8/31/95	24.81
	9/15/95	24.81
	9/30/95	24.81
	10/15/95	24.81
	10/31/95	24.81
	11/15/95	24.81
	11/30/95	24.81
	12/15/95	24.81
	12/31/95	24.81
		Total: $290.02

C. Name	Date (month, day, year)	Amount of Each Receipt this Period
Frank R. Jozwiak	7/15/95	23.33
	7/31/95	23.33
	8/15/95	23.30
	8/31/95	23.99
	9/15/95	23.99
	9/30/95	23.99
	10/15/95	23.99
	10/31/95	23.99
	11/15/95	23.99
	11/30/95	23.99
	12/15/95	23.99
	12/31/95	23.99
		Total: $285.87

Name	Date (month, day, year)	Amount of Each Receipt this Period
M. Louisa Ayer	7/15/95	14.45
	7/31/95	14.45
	8/15/95	20.36
	8/31/95	21.74
	9/15/95	21.74
	9/30/95	21.74
	10/15/95	21.74
	10/31/95	21.74
	11/15/95	21.74
	11/30/95	21.74
	12/15/95	21.74
	12/31/95	21.74
		Total: $244.92
SUBTOTAL Schedule A Page 1 of 2.		$1,133.88

SCHEDULE A **ITEMIZED RECEIPTS**

CONTRIBUTIONS FROM INDIVIDUALS UNDER $200

Use separate schedule for each category of the Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER 11(a)

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NAME OF COMMITTEE (In Full)

MORISSET, SCHLOSSER, AYER & JOZWIAK, PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Patricia A. Marks 15992 AE Mullinix Road Woodbine, MD 21797 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Morisset Schlosser Ayer & Jozwiak Occupation: Attorney Aggregate Year-to-Date > $ 183.17	SEE ATTACHED	
B. Full Name, Mailing Address and ZIP Code K. Allison McGow 1406 Western Avenue, #703 Seattle, WA 98102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Morisset Schlosser Ayer & Jozwiak Occupation: Attorney Aggregate Year-to-Date > $ 130.64	SEE ATTACHED	
C. Full Name, Mailing Address and ZIP Code Michael G. Phelan 1012 York Mt. Pleasant, MI 48858 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Morisset Schlosser Ayer & Jozwiak Occupation: Attorney Aggregate Year-to-Date > $ 130.44	SEE ATTACHED	
D. 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
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)	450.25
TOTAL This Period (last page this line number only)	1584.17

FEC Form 3X

ATTACHMENT TO SCHEDULE A (page 2 of 2) - ITEMIZED RECEIPTS

NAME OF COMMITTEE:
MORISSET, SCHLOSSER, AYER & JOZWIAK PAC

ITEMIZATION OF DATE AND AMOUNT OF RECEIPTS FOR CONTRIBUTIONS FROM INDIVIDUALS UNDER $200:

A. Name	Date (month, day, year)	Amount of Each Receipt this Period
Patricia A. Marks	7/15/95	15.64
	7/31/95	15.64
	8/15/95	15.90
	8/31/95	15.11
	9/15/95	15.11
	9/30/95	15.11
	10/15/95	15.11
	10/31/95	15.11
	11/15/95	15.11
	11/30/95	15.11
	12/15/95	15.11
	12/31/95	15.11
		Total: $183.17
B. Name	**Date (month, day, year)**	**Amount of Each Receipt this Period**
K. Allison McGraw	7/15/95	10.52
	7/31/95	10.52
	8/15/95	11.56
	8/31/95	11.56
	9/15/95	11.56
	9/30/95	11.56
	10/15/95	11.56
	10/31/95	11.56
	11/15/95	11.56
	11/30/95	11.56
	12/15/95	11.56
	12/31/95	11.56
		Total: $136.64
C. Name	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Michael G. Phelan	7/15/95	9.25
	7/31/95	9.25
	8/15/95	10.87
	8/31/95	10.87
	9/15/95	10.87
	9/30/95	10.87
	10/15/95	11.41
	10/31/95	11.41
	11/15/95	11.41
	11/30/95	11.41
	12/15/95	11.41
	12/31/95	11.41
		Total: $130.44
SUBTOTAL Schedule A Page 2 of 2		$450.25
TOTAL This Period . . . . . >		$1,584.13

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
MORISSET SCHLOSSER AYER & JOZWIAK, PAC

A. Full Name, Mailing Address and ZIP Code Tim Johnson for South Dakota 328 D Street SE Washington, DC 20003-2021	Purpose of Disbursement Tim Johnson, US Senate (SD) Disbursement for [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 7/27/95 12/8/95	Amount of Each Disbursement This Period 250.00 750.00
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)	1000.00

FE5AN96

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page	PAGE [illegible] OF [illegible]
	FOR LINE NUMBER [illegible]

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NAME OF COMMITTEE (In Full)
MORISSET SCHLOSSER AYER & JOZWIAK, PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Women in Politics 2301 Rio Grande Blvd NW Albuquerque, NM 87104-3223	Catherine Stetson, Chair of Democratic Party of NM Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/29/95	250.00
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)	250.00

FESA[illegible]

SCHEDULE C
(Revised 3/80)

LOANS

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 the 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.

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (in Full) M. ISSET 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

FE5A/0080

SCHEDULE B

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 [signature] Date 1/25/96

Subscribed and sworn to before me this 25th day of [illegible], 19 96

My Commission Expires 19/96

NOTARY PUBLIC

STATE OF WASHINGTON

FESA/MM

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))

Page ___ of ___ for LINE NUMBER

(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

FEC 4A/99

Federal Election Commission

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PREPARER

2/5/96
DATE PREPARED

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