

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> ZACOPAC (H. B. Zachry Company)	<b>2. FEC IDENTIFICATION NUMBER</b> C 00048165
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 527 Logwood	<b>3.</b> <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
<b>CITY, STATE and ZIP CODE</b> San Antonio, Texas 78221	

### 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:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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 <u>01-01-93</u> through <u>6-30-93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 3,225.78
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,225.78	
(c) Total Receipts (from Line 19)	\$ 8,810.30	\$ 8,810.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 12,036.08	\$ 12,036.08
7. Total Disbursements (from Line 30)	\$ 550.00	\$ 550.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,486.08	\$ 11,486.08
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 20463 Toll Free 800-424-9530 Local 202-219-3420
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 Joe J. LOZANO	Date 7-1-93
Signature of Treasurer 	

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

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

(revised 1-1-91)

NAME OF COMMITTEE ZACDPAC (H. B. Zachry Company)		REPORT COVERING PERIOD FROM 01-01-93 TO 06-30-93	
		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) .....	4,660.00	4,660.00
ii.	Unitemized .....	4,150.30	4,150.30
ii.	Total .....	8,810.30	8,810.30
b.	Political Party Committees .....		
c.	Other Political Committees (such as PACs) .....		
d.	Total Contributions .....	8,810.30	8,810.30
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.) .....		
18.	Transfers from Nonfederal Account for Joint Activity .....		
19.	Total Receipts .....	8,810.30	8,810.30
20.	Total Federal Receipts .....	8,810.30	8,810.30
<b>II. Disbursements</b>			
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 .....		
22.	Transfers to Affiliated/Other Party Committees .....		
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	550.00	550.00
24.	Independent Expenditures (use Schedule E) .....		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 447a(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 .....		
29.	Other Disbursements .....		
30.	Total Disbursements .....	550.00	550.00
31.	Total Federal Disbursements .....	550.00	550.00
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d) .....		
33.	Total Contribution Refunds (from line 28d) .....		
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....		
35.	Total Federal Operating Expenditures .....		
36.	Offsets to Operating Expenditures (from line 15) .....		
37.	Net Operating Expenditures .....		

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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)  
ZACOPAC (H. B. Zachry Company)

A. Full Name, Mailing Address and ZIP Code Address for All: PO Box 21130 San Antonio, Texas 78221	Name of Employer For all: H. B. Zachry Company	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code W. E. Archer	Name of Employer Occupation Executive	Date (month, day, year) 4-30-93	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code L. I. Boyd	Name of Employer Occupation Executive	Date (month, day, year) 4-30-93	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code R. R. Bryan	Name of Employer Occupation Executive	Date (month, day, year) Monthly P/R Ded.	Amount of Each Receipt this Period \$510.00 (\$85.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 510.00		
E. Full Name, Mailing Address and ZIP Code B. B. Cloud	Name of Employer Occupation Executive	Date (month, day, year) Monthly P/R Ded.	Amount of Each Receipt this Period \$900.00 (\$150 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 900.00		
F. Full Name, Mailing Address and ZIP Code A. C. Grona	Name of Employer Occupation Executive	Date (month, day, year) Monthly P/R Ded.	Amount of Each Receipt this Period \$250.00 (\$50.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code F. Hill	Name of Employer Occupation Executive	Date (month, day, year) Monthly P/R Ded.	Amount of Each Receipt this Period \$450.00 (\$75.00 per pay period)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00		

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

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

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER  
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NAME OF COMMITTEE (in Full)  
**ZACOPAC (H. B. Zachry Company)**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M.L. Johnston Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Executive Occupation	Monthly P/R Ded.	\$600.00 (\$100.00 per pay period)
Aggregate Year-to-Date > \$ 600.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K.A. Oleson Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Executive Occupation	Monthly P/R Ded.	\$600.00 (\$100.00 per pay period)
Aggregate Year-to-Date > \$ 600.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H.B. Zachry, Jr. Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Executive Occupation	Monthly P/R Ded.	\$600.00 (\$100.00 per pay period)
Aggregate Year-to-Date > \$ 600.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	 Occupation		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional) .....	
TOTAL This Period (last page this line number only) .....	\$ 4,660.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 1

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NAME OF COMMITTEE (in Full)  
ZACCPAC (H. B. Zachry Company)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bi Pac 1747 Pennsylvania Ave. NW Washington, DC 20006	campaign contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-4-93	\$ 250.00
B. Full Name, Mailing Address and ZIP Code Texas Association of Business PAC 1600 Loop 410 NE #101 San Antonio, TX 78209	campaign contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-9-93	\$ 300.00
C. 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
D. 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
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) .....	
TOTAL This Period (last page this line number only) .....	550.00

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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  
7-2-93

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

*A.B.*  
PREPARER

7-7-93  
DATE PREPARED

7 5 0 3 6 4 4 1 0 7