NOTE: Misreporting or falsifying information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

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

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM 4-01-94 TO: 6-30-94

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)	200.00	1998.00
ii. Unitemized	4719.00	28149.50
iii. Total (add i and ii) ➤	4919.00	30147.50
b. Political Party Committees		500.00
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	4919.00	30647.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	3700.65	3700.65
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 (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	8619.65	34348.15
20. Total Federal Receipts (subtract line 18 from line 19) ➤	8619.65	34348.15
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	36699.44	37377.27
c. Total Operating Expenditures (add a i, a ii, and b) ➤	36699.44	37377.27
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	* ~~1000.00~~	* ~~1000.00~~
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		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	37699.44	38377.27
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	37699.44	38377.27
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	4919.00	30647.50
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	4919.00	30647.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	37699.44	38377.27
36. Offsets to Operating Expenditures (from line 15)	3700.65	3700.65
37. Net Operating Expenditures (subtract line 36 from 35) ➤	33998.79	34676.62

*memo only

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 17

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA PRO-LIFE FEDERATION FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code JAMES & SHIRLEY FERRARIO PO BOX T CLARKS SUMMIT, PA. 18411 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year) 6-9-94	Amount of Each Receipt this Period 200.00
B. 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
C. 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
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) .....

TOTAL This Period (last page this line number only) 200.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 7

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA PRO-LIFE FEDERATION FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POSTMASTER CLARKS SUMMIT, PA. 18505	POSTAGE VOTER'S GUIDE Disbursement for: Primary General Other (specify)	4-11-94	15000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MELLON BANK P.O. BOX 1010 HARRISBURG, PA. 17105	MONTHLY SERV. CHARGE Disbursement for: Primary General Other (specify)	4-01-94 to 5-31-94	8.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CATHOLIC LIGHT P.O. BOX 709 SCRANTON, PA 18501	ADVERTISING Disbursement for: Primary General Other (specify)	4-19-94	308.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MSP 130 COMMONWEALTH DRIVE WARRENDALE, PA. 15086	COMPUTER SERVICES Disbursement for: Primary General Other (specify)	4-19-94	3700.65
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LAKE SHORE VISITOR P.O BOX 10668 ERIE, PA 16514	ADVERTISING Disbursement for: Primary General Other (specify)	4-20-94	252.10
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PITTSBURGH CATHOLIC 100 WOOD STREET PITTSBURGH, PA. 15222	ADVERTISING Disbursement for: Primary General Other (specify)	4-22-94	299.76
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EXPRESSION P.O. BOX 44148 PITTSBURGH, PA. 15205	ADVERTISING Disbursement for: Primary General Other (specify)	5-1-94	166.66
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MSP 130 COMMONWEALTH DRIVE WARRENDALE, PA. 15086	COMPUTER FEES - SERVICES Disbursement for: Primary General Other (specify)	5-10-94	3922.67
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GERRY ABI-NADER 1889 BARTHOLOMEW DRIVE HERMITAGE, PA 16148	REIMBURSEMENT FOR UPS MAILING Disbursement for: Primary General Other (specify)	5-10-94	36.94

SUBTOTAL of Disbursements This Page (optional) 23694.90

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA PRO-LIFE FEDERATION FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code PA PRO-LIFE FEDERATION 310 GENET STREET SCRANTON, PA 18505	Purpose of Disbursement CLERICAL SERVICES Disbursement for: Primary General Other (specify)	Date (month, day, year) 5-10-94	Amount of Each Disbursement This Period 356.18
B. Full Name, Mailing Address and ZIP Code NORTHEASTERN ENVELOPE CO. P.O BOX T CLARKS SUMMIT, PA 18411	Purpose of Disbursement PRINTING Disbursement for: Primary General Other (specify)	Date (month, day, year) 5-24-94	Amount of Each Disbursement This Period 9587.40
C. Full Name, Mailing Address and ZIP Code STRATFORD PAPER CO. P.O. BOX T CLARKS SUMMIT, PA 18411	Purpose of Disbursement SHIPPING - HANDLING ZIP SORTING Disbursement for: Primary General Other (specify)	Date (month, day, year) 6-13-94	Amount of Each Disbursement This Period 3060.96
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) 13004.54

TOTAL This Period (last page this line number only) 36699.44

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA PRO-LIFE FEDERATION FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHRIS MCNALLY FOR CONGRESS P.O. BOX 143 HOMESTEAD, PA. 15120	DONATION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-16-94	1000.00
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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 7 OF 7

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
PENNSYLVANIA PRO-LIFE FEDERATION FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code McNALLY FOR CONGRESS COMMITTEE P.O. BOX 143 HOMESTEAD PA. 15120	Purpose of Disbursement IN KIND PRINTING & MAILING Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 4-15-94	Amount of Each Disbursement This Period 1448.18
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) ..... MEMO ONLY 1448.18

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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
☑	Registered/Certified Mail	POSTMARKED 7-11-94
☐	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

E.S.
PREPARER

7/13/94
DATE PREPARED

FEC FORM 70-2 (12/92)

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