new york state
RIGHT TO LIFE COMMITTEE, INC.
POLITICAL ACTION COMMITTEE
41 State Street, Albany, New York 12207 • 518 434-1293
Founded 1967

July 28, 1995

Federal Elections Commission
999 E. Street, NW
Washington, D.C. 20463

TO WHOM IT MAY CONCERN:

RE: Change in Treasurer

Gentlemen:

Please be advised that the new Treasurer of our Political Action Committee is as follows:

Christopher Crawford
9 Hachaliah Brown Drive
Somers, New York 10589
(914) 277-5317

Mr. Crawford replace George Green of Fairport, N.Y. Kindly mark your records accordingly.

Thank you.

Very truly yours,

Kathleen M. Lawson

Kathleen M. Lawson
Executive Director NYSRTLC

95039915153

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
New York State Right to Life Political Action Comm.

ADDRESS (number and street) ☐ Check if different than previously reported
41 State Street, Suite 611

CITY, STATE and ZIP CODE
Albany, New York 12207

AUG 4 10 02 AM '95

2. FEC IDENTIFICATION NUMBER
C00105080

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 1/1/95 through 6/30/95 | | |
| 6. (a) Cash on Hand January 1, 19 95 | | $ 6,704.80 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 6,704.80 | |
| (c) Total Receipts (from Line 19) | $ 17,000.00 | $ 17,000.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 23,704.80 | $ 23,704.80 |
| 7. Total Disbursements (from Line 30) | $ 23,313.62 | $ 23,313.62 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 391.18 | $ 391.18 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | $ Ø | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | $ 7,006.31 | |

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
Christopher Crawford

Signature of Treasurer
[signature]

Date
7/28/95

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 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: New York State Right to Life Political Action Committee

REPORT COVERING PERIOD FROM 1/1/95 TO: 6/30/95

| | 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) | 0 | 0 | 11(a)(i) |
| ii. Unitemized | 17,000.00 | 17,000.00 | 11(a)(i) |
| iii. Total (add i and ii) ➤ | 17,000.00 | 17,000.00 | 11(a)(i) |
| b. Political Party Committees | – | – | 11(b) |
| c. Other Political Committees (such as PACs) | – | – | 11(c) |
| d. Total Contributions (add a iii, b and c) ➤ | 17,000.00 | 17,000.00 | 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) ➤ | 17,000.00 | 17,000.00 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 17,000.00 | 17,000.00 | 20 |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | – | – | 21(a)( |
| ii. Non-Federal Share | – | – | 21(a)( |
| b. Other Federal Operating Expenditures | 23,243.12 | 23,243.12 | 21(b) |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 23,243.12 | 23,243.12 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | – | – | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | – | – | 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) | – | – | 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 (add a, b and c) ➤ | – | – | 28(d) |
| 29. Other Disbursements Bank charges | 70.50 | 70.50 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 23,313.62 | 23,313.62 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 23,313.62 | 23,313.62 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 17,000.00 | 17,000.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | – | – | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 17,000.00 | 17,000.00 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | 23,243.12 | 23,243.12 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0 | 0 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | 23,243.12 | 23,243.12 | 37 |

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**SCHEDULE A** **ITEMIZED RECEIPTS**

| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE OF |
|---|---|
| | 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)**

| | | | |
|---|---|---|---|
| **A. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **B. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **C. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **D. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **E. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **F. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **G. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>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) .....

9 5 0 3 9 9 1 5 1 5 6

**SCHEDULE A** **ITEMIZED RECEIPTS**

| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE OF |
|---|---|
| | 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)**

| | | | |
|---|---|---|---|
| **A. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **B. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **C. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **D. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **E. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **F. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **G. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>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) .....

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**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21 b

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)

New York State Right to Life Political Action Committee

| 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 |
|---|---|---|---|
| A. EU Services | Postage | 1/9/95 | $ 7,000.00 |
| B. Infocision Management Corp. | Fund Raising | 1/20/95 | 7,165.56 |
| C. Infocision Management Corp. | Fund Raising | 1/26/95 | 1,389.46 |
| D. Infocision Management Corp. | Fund Raising | 3/2/95 | 96.56 |
| E. Infocision Management Corp. | Fund Riaing | 3/29/95 | 39.76 |
| F. Ernie Ohlhoff | Phone administrat. | 1/9/95 | 51.78 |
| G. New York State Right to Life Committee<br>41 State Street<br>Albany, N.Y. 12207 | List purchase | 3/29/95 | 3,000.00 |
| H. New York State Right to Life Committee<br>41 State Street<br>Albany, N.Y. 12207 | List purchase | 5/5/95 | 4,500.00 |
| I. | | | |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | 23,243.12 |
| TOTAL This Period (last page this line number only) | 23,243.12 |

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**SCHEDULE C**
**(Revised 3/80)**

# LOANS

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

Name of Committee (in Full)

| 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) .....

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

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SCHEDULE C-1
Federal Election Commission
Washington, D.C. 20463

Supplementary for information found on Page ___ of Schedule C

# LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

| NAME OF COMMITTEE (IN FULL) | FEC IDENTIFICATION NUMBER | |
|---|---|---|
| FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) | AMOUNT OF LOAN | INTEREST RATE (APR) |
| | DATE INCURRED OR ESTABLISHED | DATE DUE |

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____ ; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

☐ No ☐ Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

| G. COMMITTEE TREASURER | | DATE |
|---|---|---|
| TYPED NAME | SIGNATURE | |

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

| AUTHORIZED REPRESENTATIVE | TITLE | DATE |
|---|---|---|
| TYPED NAME SIGNATURE | | |

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12/91

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Page 1 of 1 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

**SCHEDULE D**
(Revised 3/80)

# DEBTS AND OBLIGATIONS
## Excluding Loans

| Name of Committee (In Full) | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|---|
| New York State Right to Life Committee, Inc. | | | | |
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>EU Services<br>P.O. Box 75241<br>Baltimore, Maryland 21275 | $ 7,000.00 | 0 | $ 7,000.00 | 0 |
| Nature of Debt (Purpose):<br>computer work:mail prep Postage | | | | |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor<br>New York State Right to Life Committee<br>41 State Street<br>Albany, N.Y. 12207 | $ 14,056.25 | Interest 450.06 | $ 7,500.00 | $ 7,006.31 |
| 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) | $ 7,006.31 |
| 2) TOTALS This Period (last page in this line only) | 7,006.31 |
| 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) | 7,006.31 |

9 5 0 3 9 9 1 5 1 4 1

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SCHEDULE E

# ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page _____ of _____ Pages

Name of Committee (In Full)

| 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 ..... $ _____

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

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

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.

Subscribed and sworn to before me this _____ day of _____, 19 _____

My Commission expires:

_____ _____
NOTARY PUBLIC

_____ _____
Signature Date

FE5AN066

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**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)

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) .....

FE5ANX05

SCHEDULE H1
(revised 5/93)

# METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

## NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... %

☐ PRESIDENTIAL YEAR (65%)

☐ ALL OTHER YEARS (60%)

## HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... %

*OR*

☐ FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

## SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

## STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

| | | NUMBER OF POINTS |
|---|---|---|
| 1. PRESIDENT | ☐ (1 POINT) | |
| 2. U.S. SENATE | ☐ (1 POINT) | |
| 3. U.S. CONGRESS | ☐ (1 POINT) | |
| 4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3) | | |
| 5. GOVERNOR | ☐ (1 POINT) | |
| 6. OTHER STATEWIDE OFFICE(S) | ☐ (1 OR 2 POINTS) | |
| 7. STATE SENATE | ☐ (1 POINT) | |
| 8. STATE REPRESENTATIVE | ☐ (1 POINT) | |
| 9. LOCAL CANDIDATES | ☐ (1 OR 2 POINTS) | |
| 10. EXTRA NON-FEDERAL POINT | ☐ (1 POINT) | |
| 11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) | | |
| 12. TOTAL POINTS (LINE 4 PLUS LINE 11) | | |

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 ..... %

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**SCHEDULE H2**
(effective 1/1/91)

# ALLOCATION RATIOS

| PAGE | OF |
|---|---|

NAME OF COMMITTEE

**ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.**

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
|---|---|---|
| ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED | | |

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**RECEIPT SCHEDULE H3**
(effective 1/1/91)

# TRANSFERS FROM NON-FEDERAL ACCOUNTS

| PAGE | OF |
|---|---|
| FOR LINE 18 | |

| NAME OF COMMITTEE | TOTAL AMOUNT TRANSFERRED |
|---|---|
| | |

| NAME OF ACCOUNT | DATE OF RECEIPT | $ |
|---|---|---|

| | BREAKDOWN OF TRANSFER RECEIVED | | | |
|---|---|---|---|---|
| | ADMIN./VOTER DRIVE AMOUNT | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT | |
| i) Total Administrative/Voter Drive | | | | |
| ii) Direct Fundraising (List Events-Amount for Each) | | | | |
| a) | | | | |
| b) | | | | |
| c) | | | | |
| d) | | | | |
| e) Total Amount Transferred For Direct Fundraising | | | | |
| iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each) | | | | |
| a) | | | | |
| b) | | | | |
| c) | | | | |
| d) | | | | |
| e) Total Amount Transferred For Exempt Activity/Direct Candidate Support | | | | |

| NAME OF ACCOUNT | DATE OF RECEIPT | $ |
|---|---|---|

| | BREAKDOWN OF TRANSFER RECEIVED | | | |
|---|---|---|---|---|
| | ADMIN./VOTER DRIVE AMOUNT | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT | |
| i) Total Administrative/Voter Drive | | | | |
| ii) Direct Fundraising (List Events-Amount for Each) | | | | |
| a) | | | | |
| b) | | | | |
| c) | | | | |
| d) | | | | |
| e) Total Amount Transferred For Direct Fundraising | | | | |
| iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each) | | | | |
| a) | | | | |
| b) | | | | |
| c) | | | | |
| d) | | | | |
| e) Total Amount Transferred For Exempt Activity/Direct Candidate Support | | | | |

| | TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED | | | |
|---|---|---|---|---|
| | ADMIN./VOTER DRIVE AMOUNT | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DCS | |
| SUBTOTAL THIS PAGE | | | | |
| TOTAL THIS PERIOD | | | | |

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DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

# JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

| PAGE | OF |
|---|---|

FOR LINE 21a

NAME OF COMMITTEE

| A. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
|---|---|---|---|---|---|
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>EVENT YEAR-TO-DATE: $ | | | | | |
| B. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>EVENT YEAR-TO-DATE: $ | | | | | |
| C. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>EVENT YEAR-TO-DATE: $ | | | | | |
| D. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>EVENT YEAR-TO-DATE: $ | | | | | |
| E. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>EVENT YEAR-TO-DATE: $ | | | | | |
| F. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>EVENT YEAR-TO-DATE: $ | | | | | |
| SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE ..... | | | | | |
| TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii) .... | | | | | |
| TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) ..... | | | | | |

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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 2-28-95 |
| ☐ | 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: JEB

DATE PREPARED: 8-4-95

FEC FORM 70-2 (12/92)

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