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)
American Democratic PAC

ADDRESS (number and street) ☐ Check if different than previously reported
PO Box 70646

CITY, STATE and ZIP CODE
Washington, DC 20024

APR 11 9 35 AM '94

2. FEC IDENTIFICATION NUMBER
C00148577

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 1/1/94 through 3/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 266.54
(b) Cash on Hand at Beginning of Reporting Period	$ 266.54	
(c) Total Receipts (from Line 19)	$ 1750	$ 1750
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 2016.54	$ 2016.54
7. Total Disbursements (from Line 30)	$ 618.26	$ 618.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1398.28	$ 1398.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 40901.40	

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
Eric White

Signature of Treasurer

Date
4/8/94

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)

FE4AN101

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD FROM	TO:	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	1600	1600	11(a
i. Itemized (use Schedule A)			11(a
ii. Unitemized	150	150	11(a
iii. Total (add i and ii) ➤			11(a
b. Political Party Committees			11(b
c. Other Political Committees (such as PACs)			11(c
d. Total Contributions (add a iii, b and c) ➤	1750	1750	11(d
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1750	1750	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1750	1750	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	118.26	118.26	21(a
i. Federal Share			21(a
ii. Non-Federal Share			21(b
b. Other Federal Operating Expenditures			21(c
c. Total Operating Expenditures (add a i, a ii, and b) ➤	118.26	118.26	21(c
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	500	500	23
24. Independent Expenditures (use Schedule E)			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			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤			30
31 Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	618.26	618.26	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1750	1750	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)			34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	118.26	118.26	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	118.26	118.26	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)

American Democratic PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Martha Tolman 1 Calvin Circle Evanston, IL 60201 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Retired Occupation Aggregate Year-to-Date $ 100	1/10	100
B. Elspeth Bobbs 630 E. Alameda Santa Fe, NM 87501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	non-listed Occupation non-listed Aggregate Year-to-Date $ 500	1/25	500
C. Barry Lipman 316 Walnut Street San Francisco, CA Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Goldfarb & Lipman Occupation Attorney Aggregate Year-to-Date $	2/9	1000
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) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

American Democratic PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gephardt in Congress 507 Capitol Court Washington, DC 20002	Contribution Disbursement for: [x] Primary [ ] General [ ] Other (specify)	3/14	500
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
U.S. Postmaster Washington, DC 20077	Postage Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	2/3 3/21	29 58
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Citibank 600 Pennsylvania Avenue SE Washington, DC 20003	Bank Services Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	1/31 2/28 3/31	10.42 10.42 10.42
D. 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)		
E. 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)		
F. 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)		
G. 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)		
H. 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)		
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) .....

FE4A010

EDULE D
(Rev. 3/90)

DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedules for each numbered line)

Name of Committee (in Full)	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 SBS Skyline 12369 Sunrise Valley Drive Vienna, VA	4500			4500
Nature of Debt (Purpose): Telephone services				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor US Tel 8001 Stemmons Freeway Dallas, TX 75247	3250			3250
Nature of Debt (Purpose): Telephone services				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor CBMC 319 Pennsylvania Avenue SE Washington, DC 20003	29620			29620
Nature of Debt (Purpose): Office rent				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor DC Department of Revenue 300 Indiana Avenue NW Washington DC	2123.40			2123.40
Nature of Debt (Purpose): Taxes				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor Minuteman Press 706 6th Street SE Washington, DC 20003	1400			1400
Nature of Debt (Purpose): Printing				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				
2) TOTAL This Period (last page this line only)				
... C (last page only)				40001.40

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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 4-8-94
☐	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

JMH
PREPARER

4-11-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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