HALLIBURTON

HALLIBURTON ENERGY SERVICES

WRITER'S DIRECT DIAL NUMBER: (713) 624-3245

June 27, 1994

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Federal Election Commission
999 E. Street N.W.
Washington, D.C. 20463

RE: Halliburton Political Action Committee ("Halpac")
FEC Form 3X

Gentlemen:

Enclosed is the Halliburton Political Action Committee FEC Form 3X for the period 05/01/94 through 05/31/94.

This form has been executed by the Halpac Treasurer and is ready for your review.

Also enclosed are amendments to FEC Form 3X covering the periods 7-1-93 to 12-31-93. Amendments have been made to lines 11 a.i., 11 a.ii., 23 and 29 of page 2 and the supporting Itemized Receipts and Itemized Disbursements Schedules. Lines 11 a.i. and 11 a.ii. have been revised to correct the categorization of contributions as itemized and unitemized. Lines 23 and 29 of page 2 have been revised to separately itemize contribution to federal and non-federal candidates.

Should you have any questions, please advise.

Very truly yours,

Bruce A. Metzinger

Bruce A. Metzinger

BAM:es
Enclosures

c: Joe Graham
Sheila Brooks

c: June 20th Report:

Office of the Secretary of State of Kansas
Texas Ethics Commission
Office of the Secretary of State of Arizona
Elections Division, Office of the Secretary of State of Ohio
Office of the Secretary of State of Georgia
Oklahoma Ethics Commission
Office of the Secretary of State of Alabama

c: January 31st Report Amendment:

Office of the Secretary of State of Delaware
Texas Ethics Commission
Pennsylvania Bureau of Commissions, Elections and Legislation
Office of the Secretary of State of New Hampshire
Office of the Secretary of State of Mississippi
Office of the Lieutenant Governor of Utah
Oklahoma Ethics Commission
Elections Division, Office of the Secretary of State of Ohio

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)
HALLIBURTON POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
1700 SOUTH HWY 81

CITY, STATE and ZIP CODE
DUNCAN, OK 73536-0214

2. FEC IDENTIFICATION NUMBER
C00035691

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 MAY 1, 1994 through MAY 31, 1994		
6. (a) Cash on Hand January 1, 19 94		$ 93,947.93
(b) Cash on Hand at Beginning of Reporting Period	$ 44,399.46	
(c) Total Receipts (from Line 19)	$ 2,928.61	$ 18,657.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 47,328.07	$ 112,605.07
7. Total Disbursements (from Line 30)	$ 8,760.00	$ 74,037.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 38,568.07	$ 38,568.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ .00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ .00	

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
JOE C. GRAHAM

Signature of Treasurer
Joe C Graham

Date
6-15-94

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)

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

(revised 1/1/91)

NAME OF COMMITTEE: HALLIBURTON POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM MAY 1 TO: MAY 31, 1994

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	866.66	3,583.32
i. Itemized (use Schedule A)		
ii. Unitemized	1,916.50	14,197.50
iii. Total (add i and ii) ➤	2,783.16	17,780.82
b. Political Party Committees	.00	.00
c. Other Political Committees (such as PACs)	.00	.00
d. Total Contributions (add a iii, b and c) ➤	2,783.16	17,780.82
12. Transfers From Affiliated/Other Party Committees	.00	.00
13. All Loans Received	.00	.00
14. Loan Repayments Received	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	.00	.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.)	145.45	876.32
18. Transfers from Nonfederal Account for Joint Activity	.00	.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2,928.61	18,657.14
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,928.61	18,657.14
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	.00	.00
i. Federal Share	.00	.00
ii. Non-Federal Share	10.00	787.00
b. Other Federal Operating Expenditures	10.00	787.00
c. Total Operating Expenditures (add a i, a ii, and b) ➤	.00	.00
22. Transfers to Affiliated/Other Party Committees	7,750.00	67,250.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	.00	.00
24. Independent Expenditures (use Schedule E)	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	.00	.00
26. Loan Repayments Made	.00	.00
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	.00	.00
b. Political Party Committees	.00	.00
c. Other Political Committees (such as PACs)	.00	.00
d. Total Contribution Refunds (add a, b and c) ➤	.00	.00
29. Other Disbursements	1,000.00	6,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8,760.00	74,037.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	8,760.00	74,037.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	2,783.16	17,780.82
33. Total Contribution Refunds (from line 28d)	.00	.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,783.16	17,780.82
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	10.00	787.00
36. Offsets to Operating Expenditures (from line 15)	.00	.00
37. Net Operating Expenditures (subtract line 36 from 35) ➤	10.00	787.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(a)(i)

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)

HALLIBURTON POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. LESTER L. COLEMAN 7111 SPANKY BRANCH RD DALLAS, TX 77248 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HALLIBURTON COMPANY Occupation EXECUTIVE V.P. & GENERAL COUNSEL Aggregate Year-to-Date > $ 1,200.00	5-11-94	$200.00
B. THOMAS H. CRUIKSHANK 3502 MARQUETTE DALLAS, TX 75225 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HALLIBURTON COMPANY Occupation CEO-CHAIRMAN OF THE BOARD Aggregate Year-to-Date > $ 800.00	5-11-94	$300.00
C. WILLIAM B. PIEPER 2500 HALLIBURTON CENTER 5151 SAN FELIPE HOUSTON, TX 77056 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HALLIBURTON COMPANY Occupation VICE CHAIRMAN & CHIEF OPERATING OFFICER Aggregate Year-to-Date > $ 1,200.00	5-11-94	$200.00
D. ALAN A. BAKER 2702 BRIAR KNOLL COURT SUGAR LAND, TX 77479 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HALLIBURTON ENERGY SVCS Occupation CHAIRMAN Aggregate Year-to-Date > $ 483.32	5-26-94	$166.66
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) $866.66

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

HALLIBURTON POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. THE BANK OF NEW YORK DREYFUS MUTUAL FUND P O BOX 12139 NEWARK, NJ 07101 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	INTEREST EARNED Occupation Aggregate Year-to-Date > $	5-31-94	$103.67
B. THE SECURITY NATIONAL BANK & TRUST CO. P O BOX 1468 DUNCAN, OK 73534 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	INTEREST EARNED Occupation Aggregate Year-to-Date > $	5-31-94	$ 41.78
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) $145.45

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)

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NAME OF COMMITTEE (In Full)

HALLIBURTON POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE BANK OF NEW YORK BREYFUS MUTUAL FUND P O BOX 12139 NEWARK, NK 07101	STOP-PAYMENT FEE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-31-94	$10.00
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) $10.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

HALLIBURTON POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PAT ROBERTS FOR CONGRESS 4010 FRANCONIA ROAD ALEXANDRIA, VA 22310-2136	ROBERTS-YTD-$500 US HOUSE-KS-01 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5-2-94	$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KAY BAILEY HUTCHINSON 115 NORTH LEE STREET, STE 200 ALEXANDRIA, VA 22314	HUTCHINSON-YTD-$5,000 US SENATE-TX Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5-18-94	$3,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KYLE FOR US SENATE 517 SECOND STREET, NE WASHINGTON, DC 20002	KYLE-YTD-$1,000 US SENATE-AZ Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5-9-94	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DEWINE FOR US SENATE 8 EAST BROAD STREET, 15TH FLOOR COLUMBUS, OH 43215	DEWINE-YTD-$3,000 US SENATE-OH Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5-26-94	$2,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF NEWT GINGRICH P O BOX 71028 MARIETTA, GA 30007-1028	GINGRICH-YTD-$1,000 US HOUSE-GA-06 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5-16-94	$1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LUCAS FOR CONGRESS 6218 NORTHWESTERN, #201 OKLAHOMA CITY, OK 73118	LUCAS-YTD-$750 US HOUSE-OK Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5-26-94	$ 250.00
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)	$7,750.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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)

HALLIBURTON POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
THE DEGRAFFENREID CAMPAIGN P O BOX 2663 TUSCALOOSA, AL 35403	DEGRAFFENREID-YTD-$500 LT. GOVERNOR-AL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5-2-94	$500.00
FRIENDS OF JIM FOLSOM FOR GOVERNOR 143A EASTERN BLVD. ATLANTA CROSSING SHOPPING CENTER MONTGOMERY, AL 36117	FOLSOM-YTD-$500 GOVERNOR-AL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5-2-94	$500.00
	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
	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) $1,000.00

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 6-20-94
☐	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

HH
PREPARER

6-27-94
DATE PREPARED

FEC FORM 70-2 (12/92)