

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

C00103903	010693	P 243
ROBERT J JERABEK		
PROFESSIONALS POLITICAL ACTION		
COMMITTEE (P-PAC) (CENTERRA C		
8404 INDIAN HILLS DRIVE		
OMAHA	NE 68114	

Apr 19 93

2. FEC IDENTIFICATION NUMBER  C00103903	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
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### 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 Pre-General  
(Type of Election)  
election on May 1 in the State of Texas

Thirteenth 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>1/1/93</u> through <u>4/11/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 18,306.95
(b) Cash on Hand at Beginning of Reporting Period	\$ 18,306.95	
(c) Total Receipts (from Line 19)	\$ 5,709.11	\$ 5,709.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 24,016.06	\$ 24,016.06
7. Total Disbursements (from Line 30)	\$ 3,544.00	\$ 3,544.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 20,472.06	\$ 20,472.06
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)	\$ .00	For further information contact: Federal Election Commission 888 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)	\$ .00	

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

**Robert J. Jerabek**

Signature of Treasurer

*Robert J. Jerabek*

Date

4-14-93

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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**FEC FORM 3X**

(revised 1/1/91)

93038350202

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

(revised 1/1/91)

NAME OF COMMITTEE <b>Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)</b>	REPORT COVERING PERIOD FROM <b>1/1/93</b> TO <b>4/11/93</b>
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**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).....	.00	.00
ii. Unitemized.....	5,576.08	5,576.08
ii. Total..... (add i and ii) >	5,576.08	5,576.08
b. Political Party Committees.....	.00	.00
c. Other Political Committees (such as PACs).....	.00	.00
d. Total Contributions..... (add a ii, b and c) >	5,576.08	5,576.08
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.).....	133.03	133.03
18. Transfers from Nonfederal Account for Joint Activity.....	.00	.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5,709.11	5,709.11
20. Total Federal Receipts..... (subtract line 18 from line 19) >	5,709.11	5,709.11

**II. Disbursements**

21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	.00	.00
ii. Non-Federal Share.....	.00	.00
b. Other Federal Operating Expenditures.....	194.00	194.00
c. Total Operating Expenditures..... (add a i, a ii, and b) >	194.00	194.00
22. Transfers to Affiliated/Other Party Committees.....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000.00	1,000.00
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.....	.00	.00
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.....	2,350.00	2,350.00
30. Total Disbursements..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,544.00	3,544.00
31. Total Federal Disbursements..... (subtract line 21 a ii from line 30) >	3,544.00	3,544.00

**III. Net Contributions/Operating Expenditures**

32. Total Contributions (other than loans)(from line 11d).....	5,576.08	5,576.08
33. Total Contribution Refunds (from line 28d).....	.00	.00
34. Net Contributions (other than loans)(subtract line 33 from 32).....	5,576.08	5,576.08
35. Total Federal Operating Expenditures..... (add 21 a i and 21 b) >	194.00	194.00
36. Offsets to Operating Expenditures (from line 15).....	.00	.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	194.00	194.00

93038350203

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)

Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)

93038350204

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NONE THIS REPORTING 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	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 > \$		
C. 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 > \$		
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) .....	.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER  
1 1  
21 (b)

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NAME OF COMMITTEE (in Full)

Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)

930338350205

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dept. of the Treasury Internal Revenue Service Ogden, UT	<b>Federal Taxes</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/12/93	167.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Nebraska Dept of Revenue P.O. Box 94818 Lincoln, NE 68509	<b>State Taxes</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/12/93	27.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

194.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

Federal

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NAME OF COMMITTEE (in Full)

Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)

93038350206

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bob Krueger Campaign P.O. Box 311717 New Braunfels, TX 78731-1717 Attn: Roy Mullin, Treasurer	U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/93	\$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	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

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lee Terry for City Council 306 S. 54th Street Omaha, NE 68132 Attn: Mary Kratville, Treasurer	Omaha, NE City Council Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/7/93	\$100.00
B. Full Name, Mailing Address and ZIP Code Symington for Governor P.O. Box 16747 Phoenix, AZ 85011-6747 Attn: Ann Murphy, Treasurer	Governor of Arizona Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/7/93	\$500.00
C. Full Name, Mailing Address and ZIP Code Friends for Fasi Frank F. Fasi Headquarters Chinese Cultural Plaza Suite 203, Honolulu, HI 96813 Attn: Randy Kamaya, Treasurer	Mayor of Honolulu, HI Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/9/93	\$500.00
D. Full Name, Mailing Address and ZIP Code Friends of Anthony Ross P.O. Box 0383 Hawthorne, NJ 07507-0383 Attn: John Pasquale, Treasurer	Mayor of Hawthorne, NJ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/15/93	\$200.00
E. Full Name, Mailing Address and ZIP Code Suliga '93 311 West Henry Street Linden, NJ 07036 Attn: Joseph Bodek, Treasurer	Assembly man 20th District Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/15/93	\$500.00
F. Full Name, Mailing Address and ZIP Code Friends of Tom Powers 26 Avondale Lane Aberdeen, NJ 07747 Attn: Ed Loud, Treasurer	Freeholder Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/4/93	\$525.00
G. Full Name, Mailing Address and ZIP Code State Chamber - PAC 1320 Lincoln Mall Lincoln, NE 68509 Attn: Lance Paulsen, Treasurer	Support PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/24/93	\$ 25.00
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) .....

\$2,350.00

**LOANS**

Name of Committee (in Full)  
**Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)**

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
NONE THIS REPORTING 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	Amount Guaranteed Outstanding: \$	Cumulative Payment To Date	Balance Outstanding at Close of This Period
	Occupation			
2. Full Name, Mailing Address and ZIP Code	Name of Employer	Amount Guaranteed Outstanding: \$	Cumulative Payment To Date	Balance Outstanding at Close of This Period
	Occupation			
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Amount Guaranteed Outstanding: \$	Cumulative Payment To Date	Balance Outstanding at Close of This Period
	Occupation			

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	Amount Guaranteed Outstanding: \$	Cumulative Payment To Date	Balance Outstanding at Close of This Period
	Occupation			
2. Full Name, Mailing Address and ZIP Code	Name of Employer	Amount Guaranteed Outstanding: \$	Cumulative Payment To Date	Balance Outstanding at Close of This Period
	Occupation			
3. Full Name, Mailing Address and ZIP Code	Name of Employer	Amount Guaranteed Outstanding: \$	Cumulative Payment To Date	Balance Outstanding at Close of This Period
	Occupation			

SUBTOTALS This Period This Page (optional) .....	.00
TOTALS This Period (last page in this line only) .....	.00

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

73038350208

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

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Page \_\_\_\_\_ of \_\_\_\_\_  
LINE NUMBER 9 and 10  
(Use separate schedules  
for each numbered line)

Name of Committee (in Full) Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)	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  NONE THIS REPORTING PERIOD				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
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) . . . . .				.00
2) TOTAL This Period (last page this line only) . . . . .				.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) . . . . .				.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) . . . . .				.00

9  
3  
0  
3  
8  
3  
5  
J  
2  
0  
9



ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Name of Committee (in Full)  
Professionals Political Action Committee (P-PAC)  
(Centerra Corporation, et al.)

I.D. No.  
C00103903

Full Name, Mailing Address & ZIP Code of Each Payer	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the expenditure & office sought
NONE THIS REPORTING PERIOD				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose
				<input type="checkbox"/> Support <input type="checkbox"/> Oppose

9330350210

(a) SUBTOTAL of Itemized Independent Expenditures ..... \$ .00  
 (b) SUBTOTAL of Unitemized Independent Expenditures ..... \$ .00  
 (c) TOTAL Independent Expenditures ..... \$ .00

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.

Robert J. Jerabek                      4-14-93  
 Signature                                      Date

Robert J. Jerabek

Subscribed and sworn to before me this 14<sup>th</sup> day of April, 1993

My Commission expires: 12-20-96 Bonnie J. Kudron  
 NOTARY PUBLIC

Bonnie J. Kudron



**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full)				
Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
If YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee				
NONE THIS REPORTING PERIOD				
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—\$			
<b>SUBTOTAL of Expenditures This Page (optional)</b> .....				.00
<b>TOTAL This Period (last page this line number only)</b> .....				.00

930338350211



ALLOCATION RATIOS

NAME OF COMMITTEE

Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)

**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 %
NONE THIS REPORTING PERIOD ACTIVITY IS: ..... I FUNDRAISING ..... I EXEMPT ..... : DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... I NEW ..... I REVISIED ..... I SAME AS PREVIOUSLY REPORTED		
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ..... I FUNDRAISING ..... I EXEMPT ..... : DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... I REVISIED ..... I SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ..... I FUNDRAISING ..... I EXEMPT ..... : DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... I REVISIED ..... I SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ..... I FUNDRAISING ..... I EXEMPT ..... : DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... I REVISIED ..... I SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ..... I FUNDRAISING ..... I EXEMPT ..... : DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... I REVISIED ..... I SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ..... I FUNDRAISING ..... I EXEMPT ..... : DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... I REVISIED ..... I SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ..... I FUNDRAISING ..... I EXEMPT ..... : DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... I REVISIED ..... I SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %

TRANSFERS FROM  
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE Professionals Political Action Committee (P-PAC)  
(Centerra Corporation, et al.)

**TOTAL AMOUNT TRANSFERRED**

NAME OF ACCOUNT \_\_\_\_\_ DATE OF RECEIPT \_\_\_\_\_

\$ .00

	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 \_\_\_\_\_

\$ .00

	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/DIRECT CANDIDATE SUPPORT
SUBTOTAL THIS PAGE .....			.00
TOTAL THIS PERIOD .....			.00

93038350214

JOINT FEDERAL/NON-FEDERAL  
ACTIVITY SCHEDULE

NAME OF COMMITTEE

Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input checked="" type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input checked="" type="checkbox"/> DIRECT CANDIDATE SUPPORT					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ <input type="checkbox"/> DIRECT CANDIDATE SUPPORT					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			.00	.00	.00
TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a i and non-Fed. share to 21 a ii)			.00	.00	
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					.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

Registered/Certified Mail POSTMARKED  
4-14-93

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

T.M.H.  
PREPARER

4-19-93  
DATE PREPARED

93038350216