

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

JUL 30 6 02 AM '95

1. NAME OF COMMITTEE (in full)

C00233247 061495 n 224

JOHN M PALATIELLO
MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS
12020 SUNRISE VALLEY DR SUITE
RESTON VA 22091

ported

2. FEC IDENTIFICATION NUMBER
C00233247

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, 1995			\$ 1,163.62
(b) Cash on Hand at Beginning of Reporting Period		\$ 1,163.62	
(c) Total Receipts (from Line 18)		\$ 3,370.00	\$ 3,370.00
(d) Subtotal (add Lines 6(b) and 8(c) for Column A and Lines 6(a) and 8(a) for Column B)		\$ 4,533.62	\$ 4,533.62
7. Total Disbursements (from Line 30)		\$ 500.00	\$ 500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))		\$ 4,033.62	\$ 4,033.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 999 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)		\$	
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: **JOHN M PALATIELLO**

Signature of Treasurer: *[Handwritten Signature]*

Date: **7-26-95**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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

(revised 11/91)

NAME OF COMMITTEE MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 1-1-75 TO 6-30-75	
		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)	3250	3250	11(a)(i)
ii. Unitemized	120	120	11(a)(ii)
iii. Total (add i and ii) >	3370	3370	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a ii, b and c) >	3370	3370	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) >	3370	3370	19
20. Total Federal Receipts (subtract line 18 from line 19) >			20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >			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. Individual/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) >	500	500	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	500	500	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	3370	3370	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)	3370	3370	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

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) **MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Fallett 2711 Pelican Dr. Anchorage, AK 99515	AeroMAP, US	4/7/95	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHOTOGRAMMETRIST Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code Russ Hoffman 2 Magnolia Ct. St. Peters, MO 63376	Name of Employer: Surdex Corp	Date (month, day, year): 4/7/95	Amount of Each Receipt this Period: \$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHOTOGRAMMETRIST Aggregate Year-to-Date > \$ 250		
C. Full Name, Mailing Address and ZIP Code Jim Crabtree 115 Wells Ave North Renton, WA 98055	Name of Employer: Walker + Associates	Date (month, day, year): 4/7/95	Amount of Each Receipt this Period: \$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHOTOGRAMMETRIST Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code Dennis Curtin 4902 Treewood Ct. Pleasanton, CA 94566	Name of Employer: Towill, Inc	Date (month, day, year): 4/7/95	Amount of Each Receipt this Period: \$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PHOTOGRAMMETRIST Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code Rodger Phelps 2009 Diane Dr. Sulphur, LA 70663	Name of Employer: Vernon E. Meyer and Associates, Inc	Date (month, day, year): 4/7/95	Amount of Each Receipt this Period: \$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SURVEYOR Aggregate Year-to-Date > \$ 1,000		
F. Full Name, Mailing Address and ZIP Code Gwen Phelps 2009 Diane Dr. Sulphur, LA 70663	Name of Employer: N/A	Date (month, day, year): 4/7/95	Amount of Each Receipt this Period: \$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOME MAKER Aggregate Year-to-Date > \$ 500		
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) \$ 3,250

TOTAL This Period (last page this line number only) \$ 3,250

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) **MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS POLITICAL ACTION COMMITTEE**

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Scott King for Congress PO Box 5674 Madison, WI 53705	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-27-95	\$500
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)	\$ 500
TOTAL This Period (last page this line number only)	\$ 500

**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

7-28-95

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

[Signature]
 PREPARER

7-30-95
 DATE PREPARED

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