

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

APR 11 10 35 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Automatic Merchandising Association/ Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 20 N. Wacker Drive	2. FEC IDENTIFICATION NUMBER C0D235762
CITY, STATE and ZIP CODE Chicago, Illinois 60606	3. <input checked="" type="checkbox"/> 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:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 \_\_\_\_\_  
(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 <u>1/1/94</u> through <u>3/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 2,079.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,079.00	
(c) Total Receipts (from Line 19)	\$ 3,500.00	\$ 3,500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 5,579.00	\$ 5,579.00
7. Total Disbursements (from Line 30)	\$ 1,688.00	\$ 1,688.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,891.00	\$ 3,891.00
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

William R. Brandstrader

Signature of Treasurer



Date

4/5/94

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 8/83)

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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	
National Automatic Merchandising Assoc./Action Comm.	FROM 1/1/94	TO: 3/31/94
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) .....	500.00	500.00
ii. Unitemized .....	3000.00	3000.00
iii. Total .....	3500.00	3500.00
b. Political Party Committees .....	---	---
c. Other Political Committees (such as PACs) .....	---	---
d. Total Contributions .....	3500.00	3500.00
12. Transfers From Affiliated/Other Party Committees .....	---	---
13. All Loans Received .....	---	---
14. Loan Repayments Received .....	---	---
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	---	---
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	---	---
17. Other Federal Receipts (Dividends, Interest, etc.) .....	---	---
18. Transfers from Nonfederal Account for Joint Activity .....	---	---
19. Total Receipts .....	3500.00	3500.00
20. Total Federal Receipts .....	3500.00	3500.00
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share .....	---	---
ii. Non-Federal Share .....	---	---
b. Other Federal Operating Expenditures .....	---	---
c. Total Operating Expenditures .....	---	---
22. Transfers to Affiliated/Other Party Committees .....	---	---
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1688.00	1688.00
24. Independent Expenditures (use Schedule E) .....	---	---
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	---	---
26. Loan Repayments Made .....	---	---
27. Loans Made .....	---	---
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees .....	---	---
b. Political Party Committees .....	---	---
c. Other Political Committees (such as PACs) .....	---	---
d. Total Contribution Refunds .....	---	---
29. Other Disbursements .....	---	---
30. Total Disbursements .....	1688.00	1688.00
31. Total Federal Disbursements .....	1688.00	1688.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) .....	3500.00	3500.00
33. Total Contribution Refunds (from line 28d) .....	---	---
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	3500.00	3500.00
35. Total Federal Operating Expenditures .....	---	---
36. Offsets to Operating Expenditures (from line 15) .....	---	---
37. Net Operating Expenditures .....	---	---

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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)

National Automatic Merchandising Association/Political Action Committee

24J38901209

<b>A. Full Name, Mailing Address and ZIP Code</b> Craig Estey 5001 N. Lagoon Ave. Portland, OR 97217		Name of Employer Automatic Vending	Date (month, day, year) 3/7/94	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Vending Operator	Aggregate Year-to-Date > \$ 500.00	
<b>B. Full Name, Mailing Address and ZIP Code</b>		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 > \$	
<b>C. Full Name, Mailing Address and ZIP Code</b>		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 > \$	
<b>D. Full Name, Mailing Address and ZIP Code</b>		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 > \$	
<b>E. Full Name, Mailing Address and ZIP Code</b>		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 > \$	
<b>F. Full Name, Mailing Address and ZIP Code</b>		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 > \$	
<b>G. Full Name, Mailing Address and ZIP Code</b>		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) ..... 500.00

**TOTAL** This Period (last page this line number only) ..... 500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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)**

National Automatic Merchandising Association/Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
42nd Ward Republicans Lincoln Day Dinner Honoring Rep. James Leach 10 E. Division St. Chicago, IL 60610	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/9/94	188.00
B. Full Name, Mailing Address and ZIP Code Citizens for Mel Reynolds 17952 So. Halstead Ave. Homewood, IL 60430	Purpose of Disbursement Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/11/94	1000.00
C. Full Name, Mailing Address and ZIP Code Citizens for Jim Kolbe 4010 Franconia Rd. Alexander, VA 22130	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/15/94	500.00
D. 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
E. 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
F. 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
G. 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
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) ..... 1688.00

**TOTAL** This Period (last page this line number only) ..... 1688.00

24038901210

**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

*4-6-94*

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

*St G*  
 PREPARER

*4-11-94*  
 DATE PREPARED

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