

An error  
was found  
in previous  
report

4/15 quarterly  
Report!

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

JAN 8 9 03 AM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
Outdoor Amusement Business Association, Inc.  
Political Action

ADDRESS (number and street)  Check if different than previously reported  
4600 N. 77th St. Ste. 270

CITY, STATE and ZIP CODE  
Minneapolis, MN 55435

2. FEC IDENTIFICATION NUMBER  
41-1788330

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

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
1/1/96 through 3/31/96		
6. (a) Cash on Hand January 1, 19_____		\$ 127,438.26
(b) Cash on Hand at Beginning of Reporting Period	\$ 127,438.26	
(c) Total Receipts (from Line 19)	\$ 3,292.97 <del>1,505.00</del>	\$ 3,292.97 <del>1,505.00</del>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 130,731.23 <del>128,943.26</del>	\$ 130,731.23 <del>128,943.26</del>
7. Total Disbursements (from Line 30)	\$ 3,178.00	\$ 3,178.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 127,553.23 <del>125,765.26</del>	\$ 127,553.23 <del>125,765.26</del>
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)	\$	

For further information contact:  
Federal Election Commission  
900 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-218-3420

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: **ROBERT W. JOHNSON**

Signature of Treasurer: *[Handwritten Signature]*

Date: **4/4/96**

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 8/93)

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

(revised 1/1/81)

NAME OF COMMITTEE **Outdoor Amusement Business Association Inc.  
Political Action**

REPORT COVERING PERIOD  
FROM TO:

	REPORT COVERING PERIOD		
	FROM	TO:	
<b>I. Receipts</b>	<b>COLUMN A</b>	<b>COLUMN B</b>	
	<b>Total This Period</b>	<b>Calendar Year</b>	
<b>11. Contributions (other than loans) From:</b>			
<b>a. Individual/Persons Other Than Political Committees</b>			
<b>i. Itemized (use Schedule A)</b> .....	1505.00	1505.00	11(a)(i)
<b>ii. Unitemized</b> .....			11(a)(ii)
<b>iii. Total</b> ..... (add i and ii) >			11(a)(iii)
<b>b. Political Party Committees</b> .....			11(b)
<b>c. Other Political Committees (such as PACs)</b> .....			11(c)
<b>d. Total Contributions</b> ..... (add a iii, b and c) >	1505.00	1505.00	11(d)
<b>12. Transfers From Affiliated/Other Party Committees</b> .....			12
<b>13. All Loans Received</b> .....			13
<b>14. Loan Repayments Received</b> .....			14
<b>15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)</b> .....			15
<b>16. Refunds of Contributions Made to Federal Candidates and Other Political Committees</b> .....			16
<b>17. Other Federal Receipts (Dividends, Interest, etc.)</b> .....	1787.97	1787.97	17
<b>18. Transfers from Nonfederal Account for Joint Activity</b> .....			18
<b>19. Total Receipts</b> ..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3292.97	3292.97	19
<b>20. Total Federal Receipts</b> ..... (subtract line 16 from line 19) >	3292.97	3292.97	20
<b>II. Disbursements</b>			
<b>21. Operating Expenditures:</b>			
<b>a. Shared Federal/Non-Federal Activity (from Schedule H4)</b>			
<b>i. Federal Share</b> .....	2446.00	2446.00	21(a)(i)
<b>ii. Non-Federal Share</b> .....	732.00	732.00	21(a)(ii)
<b>b. Other Federal Operating Expenditures</b> .....			21(b)
<b>c. Total Operating Expenditures</b> ..... (add a i, a ii, and b) >			21(c)
<b>22. Transfers to Affiliated/Other Party Committees</b> .....			22
<b>23. Contributions to Federal Candidates/Committees and Other Political Committees</b> .....			23
<b>24. Independent Expenditures (use Schedule E)</b> .....			24
<b>25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)</b> ..			25
<b>26. Loan Repayments Made</b> .....			26
<b>27. Loans Made</b> .....			27
<b>28. Refunds of Contributions To:</b>			
<b>a. Individual/Persons Other Than Political Committees</b> .....			28(a)
<b>b. Political Party Committees</b> .....			28(b)
<b>c. Other Political Committees (such as PACs)</b> .....			28(c)
<b>d. Total Contribution Refunds</b> ..... (add a, b and c) >			28(d)
<b>29. Other Disbursements</b> .....			29
<b>30. Total Disbursements</b> ..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3178.00	3178.00	30
<b>31. Total Federal Disbursements</b> ..... (subtract line 21 a ii from line 30) >	2446.00	2446.00	31
<b>III. Net Contributions/Operating Expenditures</b>			
<b>32. Total Contributions (other than loans)(from line 11d)</b> .....			32
<b>33. Total Contribution Refunds (from line 28d)</b> .....			33
<b>34. Net Contributions (other than loans)(subtract line 33 from 32)</b> .....			34
<b>35. Total Federal Operating Expenditures</b> ..... (add 21 a i and 21 b) >	2446.00	2446.00	35
<b>36. Offsets to Operating Expenditures (from line 15)</b> .....			36
<b>37. Net Operating Expenditures</b> ..... (subtract line 36 from 35) >	2446.00	2446.00	37

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **1** OF **1**  
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)**

Outdoor Amusement Business Association, Inc. Political Action

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
IRS Kansas City, MO 64999	Purpose of Disbursement: 1995 taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/96	\$2,446.00
B. Full Name, Mailing Address and ZIP Code Minnesota Franchise Tax for Nonprofit Organizations Mail Station 12577 St. Paul, MN 55146-1257	Purpose of Disbursement: 1995 MN Franchise tax for nonprofit organizations Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/27/96	\$ 732.00
C. 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
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)** ..... \$3,178.00

**TOTAL This Period (last page this line number only)** ..... \$3,178.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

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**NAME OF COMMITTEE (In Full)**

Outdoor Amusement Business Association, Inc. Political Action

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E.K. Fernandez 91-246 Oihana St. Kapolei, Hawaii 96707	Occupation	3/25/96	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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
Norwest Bank 7900 W. 78th St. Bloomington, MN 55431	Occupation	2/28/96	5.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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
Millie Sparks PO Box 662 E. Northport, NY 11731	Occupation	2/28/96	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		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 > \$	

**BUBTOTAL** of Receipts This Page (optional) ..... **1,505.00**

**TOTAL** This Period (last page this line number only) ..... **1,505.00**

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

7/5/96

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

E.S.

PREPARER

7/8/96

DATE PREPARED