REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEDERAL ELECTION COMMISSION MAIL ROOM

Nov 22 11 20 AM '95

1. NAME OF COMMITTEE (in full)
COMSATPAC

ADDRESS (number and street) ☐ Check if different than previously reported
6560 Rock Spring Drive

CITY, STATE and ZIP CODE
Bethesda, MD 20817

2. FEC IDENTIFICATION NUMBER
C00151043

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 Oct. 1, 1995 through Oct. 31, 1995		
6. (a) Cash on Hand January 1, 19 95		$ 9,782.63
(b) Cash on Hand at Beginning of Reporting Period	$ 16,378.58	
(c) Total Receipts (from Line 19)	$ 3,350.60	$ 29,175.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 19,729.18	$ 38,958.13
7. Total Disbursements (from Line 30)	$ 6.00	$ 19,234.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 19,723.18	$ 19,723.18
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
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
Michael J. Troiano, Treasurer, COMSATPAC

Signature of Treasurer
[signature]

Date
11/20/95

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

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: COMSATPAC

REPORT COVERING PERIOD FROM: Oct. 1, 1995 TO: Oct. 31, 1995

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	$ 1,638.48	$ 16,133.48	11(a)
i. Itemized (use Schedule A)	1,663.38	12,881.47	11(a)
ii. Unitemized	3,301.86	29,014.95	11(a)
iii. Total (add i and ii) ➤			11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)	3,301.86	29,014.95	11(d)
d. Total Contributions (add a iii, b and c) ➤			12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	48.74	160.55	17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity	3,350.60	29,175.50	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3,350.60	29,175.50	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
i. Federal Share			21(a)
ii. Non-Federal Share	6.00	34.95	21(b)
b. Other Federal Operating Expenditures	6.00	34.95	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees		19,200.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/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) ➤			29
29. Other Disbursements	6.00	19,234.95	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6.00	19,234.95	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3,301.86	29,014.95	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,301.86	29,014.95	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	6.00	34.95	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	6.00	34.95	37

4.00173

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11(1)(a)

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)

COMSATPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Maury J. Mechanick 4200 Cathedral Ave., N.W., Apt. 405 Washington, DC 20016 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: COMSAT Corporation Occupation: VP, Int'l & Reg. Affairs, CWS Aggregate Year-to-Date > $210.00	Biweekly Payroll Deduction	$70.00 ($70.00 x 1)
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mark Neibert 14516 Chrisman Hill Drive Boyds, MD 20841-0175 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: COMSAT Corporation Occupation: Director, CWS Aggregate Year-to-Date > $210.00	Biweekly Payroll Deduction	$15.00 ($15.00 x 1)
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carl A. Washenko 9204 Gatewater Terrace Potomac, MD Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: COMSAT Corporation Occupation: VP, Human Resources Aggregate Year-to-Date > $420.00	Biweekly Payroll Deduction	$40.00 ($20.00 x 2)
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ronald J. Marlo 8108 Coach Street Potomac, MD 20854 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: COMSAT Corporation Occupation: Exec. VP, Business Develop. Aggregate Year-to-Date > $560.00	Biweekly Payroll Deduction	$80.00 ($40.00 x 2)
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Neal T. Kilminster 232 Lynn Manor Drive Rockville, MD 20850 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: COMSAT Corporation Occupation: Asst. Gen. Counsel, CMC Aggregate Year-to-Date > $380.00	Biweekly Payroll Deduction	$40.00 ($20.00 x 2)
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Larry O. Tennant 678 Poinsetta Drive Satellite Beach, FL 32937 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: COMSAT Corporation Occupation: Vice President, AEG Aggregate Year-to-Date > $210.00	Biweekly Payroll Deduction	$15.00 ($15.00 x 1)
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul E. Jacobson 913 North Wayne St., #101 Arlington, VA 22201 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: COMSAT Corporation Occupation: Dir. of Communications, AEG Aggregate Year-to-Date > $233.72	Biweekly Payroll Deduction	$38.48 ($19.24 x 2)

SUBTOTAL of Receipts This Page (optional) $298.48

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 11(1)(a)

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NAME OF COMMITTEE (in Full)

COMSATPAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Albert J. Smith P.O. Box 800 Princeton, NJ 08453 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: COMSAT Corporation Occupation: Director, CRSI Aggregate Year-to-Date > $420.00	Biweekly Payroll Deduction	$40.00 ($20.00 x 2)
B. Howard M. Love 500 Grant Street, Suite 2108 Pittsburgh, PA 15219 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: COMSAT Corporation Occupation: COMSAT Board of Directors Aggregate Year-to-Date > $1,000	Direct	$1,000.00
C. Edwin I. Colodny 8225 Burning Tree Road Bethesda, MD 20817 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: COMSAT Corporation Occupation: COMSAT Board of Directors Aggregate Year-to-Date > $300.00	Direct	$300.00
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date >	Biweekly Payroll Deduction	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date >	Biweekly Payroll Deduction	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Occupation: President, CMC Aggregate Year-to-Date >	Biweekly Payroll Deduction	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date >	Biweekly Payroll Deduction	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) $1,340.00

TOTAL This Period (last page this line number only) $1,838.48

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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 17

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NAME OF COMMITTEE (In Full)

COMSATPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Satellite Federal Credit Union 6550 Rock Spring Drive Bethesda, MD 20817		10/1/95	$48.74
Receipt For: [ ] Primary [X] General [X] Other (specify): Dividend	Aggregate Year-to-Date $160.55		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Biweekly Payroll Deduction	Amount of Each Receipt this Period
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Biweekly Payroll Deduction	Amount of Each Receipt this Period
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Biweekly Payroll Deduction	Amount of Each Receipt this Period
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Biweekly Payroll Deduction	Amount of Each Receipt this Period
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Biweekly Payroll Deduction	Amount of Each Receipt this Period
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year) Biweekly Payroll Deduction	Amount of Each Receipt this Period
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date		

SUBTOTAL of Receipts This Page (optional) $48.74

TOTAL This Period (last page this line number only) $48.74

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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)

COMSATPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Satellite Federal Credit Union 6550 Rock Spring Drive Bethesda, MD 20817	Wire Transfer Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/18/95	$6.00
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) ..... $ 6.00

TOTAL This Period (last page this line number only) ..... $ 6.00

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4-00173

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 11-20-95
☐	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

SLD. — PREPARER

11-22-95 — DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 0 0 8 4 2 7 9