REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
STOP THE ARMS RACE PAC

ADDRESS (number and street) ☐ Check if different than previously reported
3724 HUNTER AVE

CITY, STATE and ZIP CODE
DES MOINES IA 50311-2713

OCT 13 11 12 AM '94

2. FEC IDENTIFICATION NUMBER
C 00126086

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 _____ election on _____ in the State of _____
(Type of Election)

☐ 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 7/1/94 through 9/30/94		
6. (a)	Cash on Hand January 1, 19 94		$ 352.22
(b)	Cash on Hand at Beginning of Reporting Period	$ 813.84	
(c)	Total Receipts (from Line 19)	$ 900.00	$ 2265.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 1713.84	$ 2617.22
7.	Total Disbursements (from Line 30)	$ 1546.96	$ 2450.34
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 166.88	$ 166.88
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)	$ 1100.00	

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 JOHN SCHMACKER

Signature of Treasurer John Schmacker

Date 10/13/94

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 8/93)

FE4ANI01

9 4 0 3 9 3 2 3 5 0

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

(revised 1/1/91)

NAME OF COMMITTEE: STOP THE ARMS RACE PAC

REPORT COVERING PERIOD FROM 7/1/94 TO: 9/30/94

	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)			11(a)(i)
ii. Unitemized	250.00	1615.00	11(a)(ii)
iii. Total (add i and ii) ➤	250.00	1615.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	250.00	1615.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received	650.00	650.00	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) ➤	900.00	2265.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	900.00	2265.00	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	1546.96	2450.34	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	1546.96	2450.34	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			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. 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) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1546.96	2450.34	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	1546.96	2450.34	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	250.00	1615.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	250.00	1615.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1546.96	2450.34	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1546.96	2450.34	37

FE4AN101

9 4 0 3 9 3 2 3 2 5 1

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 13

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)
STOP THE ARMS RACE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES DAY 5325 BURR OAK DR JOHNSTON IA 50131 Receipt For: ☐ Primary ☐ General ☒ Other (specify): LOAN	Occupation: RETIRED Aggregate Year-to-Date > $	9/28/94	650.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) >

TOTAL This Period (last page this line number only) > 650.00

9 4 0 3 9 3 2 3 2 5 2

FE4AN101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 216

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)
STOP THE ARMS RACE PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SHARON GRADISCHNIG 522 ½ E GRAND DES MOINES IA 50309	COMPENSATION Disbursement for: ☐ Primary ☐ General ☒ Other (specify) FUNDRAISING	9/7/94 9/23/94 9/28/94	100.00 400.00 550.00
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) .....

TOTAL This Period (last page this line number only) 1050.00

9 4 0 3 9 3 2 3 2 5 3

FE4RN101

SCHEDULE C
(Revised 3/90)

LOANS

Page 1 of 2 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)
STOP THE ARMS RACE PAC

A. Full Name, Mailing Address and ZIP Code of Loan Source
CHARLES DAY
5325 BURR OAK DR
JOHNSTON IA 50131

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
650.00	200.00	450.00

Election: Primary General Other (specify):
Terms: Date Incurred 12/29/92 Date Due DEMAND Interest Rate 0 %(apr) Secured NO

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

2. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

3. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

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
Occupation
Amount Guaranteed Outstanding: $

2. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

3. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

SUBTOTALS This Period This Page (optional) .....

TOTALS This Period (last page in this line only) .....

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

FE4AN101

9 4 0 3 9 3 2 3 2 3 4

SCHEDULE C
(Revised 3/80)

LOANS

Page 2 of 2 for
LINE NUMBER 12
(Use separate schedules for each numbered line)

Name of Committee (in Full)
STOP THE ARMS RACE PAC

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
CHARLES DAY 5325 BURR OAK DR JOHNSTON IA 50131	650.00	-0-	650.00

Election: Primary General Other (specify):

Terms: Date Incurred 9/28/94 Date Due DEMAND Interest Rate 0 %(apr) Secured NO

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

2. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

3. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

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
Occupation
Amount Guaranteed Outstanding: $

2. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

3. Full Name, Mailing Address and ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding: $

SUBTOTALS This Period This Page (optional) .....

TOTALS This Period (last page in this line only) 1100.00

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

9 4 0 3 2 3 2 5 5

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 10-13-94
☐	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

MMR — PREPARER

10-19-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 3 2 3 2 5 6