RECEIVED
FEDERAL ELECTION
COMMISSION
MAY 23 11 21 AM '94

ELECTROCOM AUTOMATION L.P.

Political Action Committee
P.O. Box 95080
Arlington, Texas 76005-1080

May 16, 1994

Federal Election Commission
999 E Street, N. W.
Washington, D.C. 20463
Attn: Reports Analysis Division

Dear Sirs:

Thank you for your letter dated May 10, 1994, a copy of which is attached to this letter. Our April quarterly report is also enclosed.

Since the inception of our P.A.C. in 1985, the filing of reports has always been timely. In this instance, I was asleep-at-the-wheel, and had not shifted from semi-annual to a quarterly basis. I am embarrassed and offer my apology.

Thank you again for your wake-up letter of May 10.

Sincerely,

Leland Sparks

Leland Sparks
Treasurer

Enclosures: 2

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-7

May 10, 1994

J.D. Welch Jr., Treasurer
Electrocom Automation L P Political
Action Committee
P.O. Box 95080
Arlington, TX 76005

Identification Number: C00194860

Reference: April Quarterly Report (1/1/94-3/31/94)

Dear Mr. Welch:

It has come to the attention of the Federal Election Commission ("the Commission") that your committee may be in violation of 2 U.S.C. §434(a) for failing to file the above referenced Report of Receipts and Disbursements. You were previously notified of the due date for this report.

It is important that you file this report immediately with the Federal Election Commission, 999 E Street, NW, Washington, DC 20463 (or with the Clerk of the House or the Secretary of the Senate, as appropriate). A copy of the report or its relevant portions should also be filed with the Secretary of State or equivalent state officer (see 11 CFR §§108.2, 108.3, 108.4).

Although the Commission may initiate an audit or legal enforcement action concerning this matter, your prompt response and a letter of explanation will be taken into consideration.

If you have any questions, please contact Jan McBride on our toll-free number (800) 424-9530. Our local number is (202) 219-3580.

Sincerely,

John D. Gibson
Assistant Staff Director
Reports Analysis Division

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

C00194860 112991
LELAND SPARKS
ELECTROCOM AUTOMATION L P POLI
TICAL ACTION COMMITTEE
P O BOX 95080
ARLINGTON TX 76005

RECEIVED FEDERAL ELECTION COMMISSION ADMINISTRATION MAY 23 9 21 AM '94

2. FEC IDENTIFICATION NUMBER C00194860

3. ✓ This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on PRIOR TO 1-1-94 (date).

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 JAN. 1, 1994 through MAR. 31, 1994		
6.	(a) Cash on Hand January 1, 1994		$ 31,455.19
	(b) Cash on Hand at Beginning of Reporting Period	$ 31,455.19	
	(c) Total Receipts (from Line 19)	$ 207.39	$ 207.39
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 31,662.58	$ 31,662.58
7.	Total Disbursements (from Line 30)	$ 278.50	$ 278.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 31,384.08	$ 31,384.08
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202 376-3120

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
LELAND SPARKS

Signature of Treasurer: Leland Sparks

Date: MAY 16, 1994

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 1/1/91)

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

(revised 1/1/91)

NAME OF COMMITTEE: C00194860

REPORT COVERING PERIOD FROM: JAN. 1, 1994 TO: MAR. 31, 1994

	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)	0	0
ii. Unitemized	0	0
iii. Total (add i and ii) ➤	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	0	0
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	207.39	207.39
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	207.39	207.39
20. Total Federal Receipts (subtract line 18 from line 19) ➤	207.39	207.39
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	78.50	78.50
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	0	0
c. Total Operating Expenditures (add a i, a ii, and b) ➤	78.50	78.50
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) ➤	0	0
29. Other Disbursements	200.00	200.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	278.50	278.50
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	278.50	278.50
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	0	0
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	0	0
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	78.50	78.50
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	78.50	78.50

SCHEDULE A **ITEMIZED RECEIPTS**

(OTHER RECEIPTS)

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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)

ELECTROCOM AUTOMATION L.P. P.A.C. C00194860

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. CENTRAL BANK + TRUST P.O. BOX 4390 FORT WORTH, TX 76164 Receipt For: ☐ Primary ☐ General ☑ Other (specify): NOT APPLICABLE	INTEREST EARNED ON MONEY MARKET ACCOUNT Occupation: NOT APPLICABLE Aggregate Year-to-Date > $ 69.72	01-31-94	69.72
B. CENTRAL BANK + TRUST P.O. BOX 4390 FORT WORTH, TX 76164 Receipt For: ☐ Primary ☐ General ☑ Other (specify): NOT APPLICABLE	INTEREST EARNED ON MONEY MARKET ACCOUNT Occupation: NOT APPLICABLE Aggregate Year-to-Date > $ 133.52	02-28-94	63.80
C. CENTRAL BANK + TRUST P.O. BOX 4390 FORT WORTH, TX 76164 Receipt For: ☐ Primary ☐ General ☑ Other (specify): NOT APPLICABLE	INTEREST EARNED ON MONEY MARKET ACCOUNT Occupation: NOT APPLICABLE Aggregate Year-to-Date > $ 207.39	03-31-94	73.87
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) 207.39

2 4 0 3 9 0 0 1 2 5 8

SCHEDULE B **ITEMIZED DISBURSEMENTS**

(OTHER DISBURSEMENTS)

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 29

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)

ELECTROCOM AUTOMATION L.P. P.A.C. C00194860

A. Full Name, Mailing Address and ZIP Code TABPAC 1207 NUECES ST. AUSTIN, TX 78701	Purpose of Disbursement CONTRIB. TO RIGHT TO WORK ORGANIZATION Disbursement for: ☐ Primary ☐ General ☑ Other (specify) SEE ABOVE	Date (month, day, year) 01-27-94	Amount of Each Disbursement This Period 200.00
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)	200.00

9 1 0 3 9 0 0 1 2 5 9

SCHEDULE B **ITEMIZED DISBURSEMENTS**

(OPERATING EXPENDITURES)

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

PAGE 1 OF 1

FOR LINE NUMBER 21 (A)

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NAME OF COMMITTEE (In Full)

ELECTROCOM AUTOMATION L.P. P.A.C. C00194860

A. Full Name, Mailing Address and ZIP Code CENTRAL BANK + TRUST P.O. BOX 4390 FORT WORTH, TX 76164	Purpose of Disbursement QTRLY DEPOSIT FOR I.R.S. 1120-POL Disbursement for: Primary ☐ General ☑ Other (specify) SEE ABOVE	Date (month, day, year) 03-04-94	Amount of Each Disbursement This Period 71.00
B. Full Name, Mailing Address and ZIP Code F.E.C. DEPT. OF PUBLIC RECORDS 999 E STREET, N.W. WASHINGTON, D.C. 20463	Purpose of Disbursement FEE FOR CERTIFIED COPY OF STMT. OF ORGAN. Disbursement for: Primary ☐ General ☑ Other (specify) NEEDED BY STATE P.A.C.	Date (month, day, year) 03-29-94	Amount of Each Disbursement This Period 7.50
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) 78.50

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 5-17-94
☐	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

JMH
PREPARER

5-03-94
DATE PREPARED

FEC FORM 70-2 (12/92)

2 4 0 3 9 0 0 1 2 6 1