REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JAN 31 10 34 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
NovaCare, Inc.

ADDRESS (number and street) ☐ Check if different than previously reported
1016 West Ninth Avenue

CITY, STATE and ZIP CODE
King of Prussia, PA 19406

2. FEC IDENTIFICATION NUMBER
C00263558

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 1 July 95 through 31 Dec 95		
6. (a) Cash on Hand January 1, 19 95		$ 31,352.055
(b) Cash on Hand at Beginning of Reporting Period	$ 30,831.525	
(c) Total Receipts (from Line 19)	$ 9,867.41	$ 15,296.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 40,698.935	$ 46,648.935
7. Total Disbursements (from Line 30)	$ 6,250.00	$ 12,200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 34,448.935	$ 34,448.935
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
Laurence F. Lane

Signature of Treasurer
Laurence F. Lane

Date
1/29/96

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

FEC FORM 3X
(revised 9/93)

FE5AN060

9 5 0 3 0 2 0 0 2 7

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

(revised 1/1/91)

NAME OF COMMITTEE: NovaCare, Inc. Political Action Committee

REPORT COVERING PERIOD FROM 1 July 95 TO: 31 Dec 95

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	9,867.41	15,296.88	11(a)(i)
i. Itemized (use Schedule A)			11(a)(ii)
ii. Unitemized			11(a)(iii)
iii. Total (add i and ii) ➤	9,867.41	15,296.88	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions (add a iii, b and c) ➤	9,867.41	15,296.88	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			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	9,867.41	15,296.88	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤	9,867.41	15,296.88	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees	6,250.00	12,200.00	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:			28(a)
a. Individuals/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) ➤			29
29. Other Disbursements			30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,250.00	12,200.00	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)	9,867.41	15,296.88	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,867.41	15,296.88	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE5AN066

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

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)

NovaCare, Inc. Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JEFFREY BACHER 77 AMITY DRIVE WAYNE, PA 19087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 30.80	PAYROLL	30.80
B. PETER BEWLEY NOVACARE, INC. 1016 WEST NINTH AVENUE KING OF PRUSSIA, PA 19406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NOVACARE, INC. Occupation: GENERAL COUNSEL Aggregate Year-to-Date $ 1927.52	PAYROLL	927.60
C. JEAN BROOKS NOVACARE, INC. 1016 WEST NINTH AVENUE KING OF PRUSSIA, PA 19406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NOVACARE, INC. Occupation: REGION VICE PRES. Aggregate Year-to-Date $ 411.74	PAYROLL	235.36
D. SUSAN CAMPBELL 909 BRUSHTOWN RD. LOWER GWYNNED, PA 19002 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NOVACARE, INC. Occupation: INVSTR RLTIONS & COMMUNI-CATIONS VICE PRES. Aggregate Year-to-Date $ 625.00	PAYROLL	250.00
E. MONICA CASE RD #4 BOX 4020 SAYLORSBURG, PA 18353 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 60.00	PAYROLL	60.00
F. BRUCE COLBURN 105 FLICK DRIVE FT. WASHINGTON, PA 19034 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NOVACARE, INC. Occupation: CFO Aggregate Year-to-Date $ 1000.00	8/27/95	1000.00
G. DARYL DIXON SIX TROTTER WAY COLLEGEVILLE, PA 19426 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NOVACARE, INC. Occupation: PRES. CON. SVS. DIV. Aggregate Year-to-Date $ 1160.65	PAYROLL	1160.65

SUBTOTAL of Receipts This Page (optional)	3,664.41
TOTAL This Period (last page this line number only)	3,664.41

FE5AN095

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 4

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NAME OF COMMITTEE (in Full)

NOVACARE, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. TIMOTHY FOSTER 1235 PAGE TERRACE VILLANOVA, PA 19085 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NOVACARE, INC. COO Aggregate Year-to-Date $ 1914.67	PAYROLL	1884.67
B. THOMAS GARDNER 16 LOAGLAND DRIVE BELLE MEAD, NJ 08502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NOVACARE, INC. CLINICAL DIRECTOR Aggregate Year-to-Date $ 230.00	PAYROLL	130.00
C. ROBERT HEALY 1929 BLACK ROCK RD. PAOLI, PA 19301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NOVACARE, INC. CHIEF ACCTG. OFFICER Aggregate Year-to-Date $ 398.60	PAYROLL	398.60
D. MAUREEN KAVALAR 6529 N. BRAEBURN LANE GLENDALE, WI 53209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $ 36.36	PAYROLL	36.36
E. MARTA KEANE 3474 CALEDONIA CR. WOODBRIDGE, VA 22192 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NOVACARE, INC. CLINICAL DIRECTOR Aggregate Year-to-Date $ 250.00	PAYROLL	120.00
F. PATRICIA KISER NOVACARE, INC. 321 SPRUCE ST., BANK TOWERS SCRANTON, PA 18503 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NOVACARE, INC. CLINICAL DIRECTOR Aggregate Year-to-Date $ 250.00	PAYROLL	130.00
G. LAURENCE LANE 1616 STEPHENS DRIVE WAYNE, PA 19087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NOVACARE, INC. SENIOR VP, REGLTY AFFAIRS Aggregate Year-to-Date $ 3250.00	PAYROLL	1625.00

SUBTOTAL of Receipts This Page (optional)	4,324.63
TOTAL This Period (last page this line number only)	7,989.04

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 4

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NAME OF COMMITTEE (in Full)

NOVACARE, INC. POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. YVETTE MAYHAN, NOVACARE, INC. 1016 WEST NINTH AVE. KING OF PRUSSIA, PA 19406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 19.06	PAYROLL	19.06
B. RICHARD McDONALD, NOVACARE, INC. 1016 WEST NINTH AVE. KING OF PRUSSIA, PA 19406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NOVACARE, INC. Occupation: DIRECTOR, TREASURY DEPT. Aggregate Year-to-Date $ 500.00	8/9/95	500.00
C. JOHN McMICKEN 154 W. EVERGREEN ST. WEST GROVE, PA 19390 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NOVACARE, INC. Occupation: CHIEF PILOT Aggregate Year-to-Date $ 416.64	PAYROLL	166.72
D. DEBORAH NICHOLS 8475 LOFTON DRIVE PENSACOLA, FL 32514 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NOVACARE, INC. Occupation: AREA DR. OF OPS. Aggregate Year-to-Date $ 461.54	PAYROLL	211.55
E. ALMA PETERS 1406 MAPLE CT. PORT WASHINGTON, WI 53074 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 45.50	PAYROLL	45.50
F. NORMAN RADIES NOVACARE, INC. 1016 WEST NINTH AVE. KING OF PRUSSIA, PA 19406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Occupation: Aggregate Year-to-Date $ 80.00	PAYROLL	80.00
G. ARNOLD RENSCHLER 408 BARBARA LANE BRYN MAWR, PA 19010 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: NOVACARE, INC. Occupation: PRES., POLARIS DIVISION Aggregate Year-to-Date $ 480.00	PAYROLL	480.00

SUBTOTAL of Receipts This Page (optional)	1,502.83
TOTAL This Period (last page this line number only)	9,491.87

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 4

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
NOVACARE, INC. POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PAUL ROSS 1424 ARDLEIGH CR. WEST CHESTER, PA 19380 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NOVACARE, INC. Occupation: VP, MIS Aggregate Year-to-Date $ 478.26	PAYROLL	217.40
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
RICK SMITH 1171 GREENWOOD DR. HUMMELSTOWN, PA 17036 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 60.00	PAYROLL	60.00
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
SALLIE TAGGART 23 LATHAM PKWY. MELROSE PARK, PA 19126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 76.24	PAYROLL	76.24
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
ROBERT WORRELL 1498 MEADOWBROOK LANE WEST CHESTER, PA 19380 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 21.90	PAYROLL	21.90
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)	375.54
TOTAL This Period (last page this line number only)	9867.41

FE5AN058

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)

NOVACARE, INC. POLITICAL ACTION COMMITTEE

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
A. NAT'L REPUBLICAN CONGRESSIONAL COM. PO BOX 2358 DOYLESTOWN, PA 18901	BREAKFAST W/ NEWT GINGRICH BY CONG. GREENWOOD Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/12/95	1,000.00
B. FRIENDS OF CONGRESSMAN ENSIGN 4012 S. RAINBOW BLVD., STE. K-611 LAS VEGAS, NV 89103	BREAKFAST W/ENSIGN - NEVADA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/26/95	500.00
C. LUTHER FOR CONGRESS SUITE 103, 1399 GENEVA AVE., N. OAKDALE, MN 55128	MINNESOTA PRIMARY 1996 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/30/95	1,000.00
D. RALPH HALL FOR CONGRESS PO BOX 711 ROCKWALL, TX 75087	DINNER - CONGRSMN. HALL - ROCKWALL, TX Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/1/95	1,000.00
E. ZIMMER FOR SENATE 4091 QUAKERBRIDGE RD. LAWRENCEVILLE, NJ 08648	RECEPTION - ZIMMER U.S. SENATE CANDIDATE Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/1/95	1,000.00
F. STARK FOR CONGRESS PO BOX 121 HAYWARD, CA 94543	DINNER - PETE STARK (D) CALIF. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/1/95	1,000.00
G. FOX FOR CONGRESS PO BOX 632 JENKINTOWN, PA 19046	LUNCHEON - FOX - 13th DISTRICT - PA. Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/8/95	250.00
H. McCRERY FOR CONGRESS PO BOX 4650 SHREVEPORT, LA 71134-0650	LUNCHEON - REP. JIM McCRERY - LOUISIANA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/9/95	500.00
I.	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)	6,250.00
TOTAL This Period (last page this line number only)	6,250.00

FEDAN065

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

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Name of Committee (in Full) NOVACARE, INC. POLITICAL ACTION COMMITTEE	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page in this line only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

FE3AN068

SCHEDULE C
(Revised 3/90)

LOANS

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

Name of Committee (in Full)
NOVACARE, INC. POLITICAL ACTION COMMITTEE

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
Election: ☐ Primary ☐ General ☐ Other (specify):			
Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) ☐ Secured			

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)	0.00
TOTALS This Period (last page in this line only)	0.00

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

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 1-31-96
☐	First Class Mail	POSTMARKED
☐	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

PREPARER

1-31-96
DATE PREPARED

FEC FORM 70-2 (12/92)

9603120216