

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 (Full): American Ambulance Association Federal Political Action Committee ADDRESS (number and street): Check, if different from previously reported 1301 Connecticut Avenue, N.W. CITY, STATE and ZIP CODE: Washington, DC 20036	2. FEC IDENTIFICATION NUMBER: C00168070 3. This committee qualified as a multi-candidate committee DURING THIS Reporting Period on (Date):
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4. TYPE OF REPORT

<input type="checkbox"/> April 15 (Quarterly Report) <input type="checkbox"/> July 15 (Quarterly Report) <input type="checkbox"/> October 15 (Quarterly Report) <input checked="" type="checkbox"/> January 31 (Year End Report) <input type="checkbox"/> July 31 (Mid-Year Report) (Non-Election Year Only) <input type="checkbox"/> Terminal 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 Eleventh day report (preceding election on _____ in the State of _____) Thirtieth day report (following the General Election on _____ in the State of _____)
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This Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period: 7/1/93 through 12/31/93		
6. Cash on Hand January 1, 1993	\$ 14,482.25	\$ 14,920.85
6(a) Cash on Hand at Beginning of Reporting Period	\$ 14,482.25	\$ 14,920.85
6(b) Total Receipts from Line 19:	\$ 6,546.65	\$ 23,641.97
6(c) Subtotal (add Lines 6(b) and 6(a) for Column A and Lines 6(a) and 6(b) for Column B):	\$ 21,028.90	\$ 38,562.82
7. Total Disbursements (from Line 30):	\$ 19,500.00	\$ 37,033.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(c)):	\$ 1,528.90	\$ 1,528.90
9. Debts and Obligations Owed TO the Committee (from Schedule C and/or Schedule D):	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20465 Toll-free 800-424-9630 Local 202-576-3120
10. Debts and Obligations Owed BY the Committee (from Schedule C and/or Schedule D):	\$	

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:

Royce M. Hollins

Signature of Treasurer:

Date:

1/3/94

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

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

(revised 1/1/91)

NAME OF COMMITTEE <u>American Ambulance Association</u> <u>Federal Political Action Committee</u>		REPORT COVERING PERIOD FROM <u>7/1/93</u> TO <u>12/31/93</u>	
		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 (see Schedule A)	5,866.65	21,999.97
	ii. Unitemized	300.00	1,262.00
	iii. Total	6,166.65	23,261.97
	b. Political Party Committees	--	--
	c. Other Political Committees (such as PACs)	--	--
	d. Total Contributions	6,166.65	23,261.97
12	Transfers From Affiliated Other Party Committees	--	--
13	Loans Received	--	--
14	Loan Repayments Received	--	--
15	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	--	--
16	Refund of Contributions Made to Federal Candidates and Other Political Committees	380.00	380.00
17	Other Federal Receipts (Dividends, Interest, etc.)	--	--
18	Transfers from Nonfederal Account for Joint Activity	--	--
19	State Records	6,546.65	23,641.97
20	Other Federal Receipts	6,546.65	23,641.97
II. Disbursements			
	Operating Expenditures:		
	Shared Federal/Non-Federal Activity (from Schedule H4)		
	Federal Share	--	--
	Non-Federal Share	--	--
	Other Federal Operating Expenditures	--	--
	Total Operating Expenditures	--	--
	Transfers to Affiliated Other Party Committees	--	--
	Contributions to Federal Candidates, Committees and Other Political Committees	19,500.00	37,000.00
	Independent Expenditures (see Schedule F)	--	--
	Corporate Expenditures Made by Party Committees (2 U.S.C. 441a (c)) (see Schedule F)	--	--
	Loan Repayments Made	--	--
	Loans Made	--	--
	Funds of Contributions (to):		
	Individual Persons (Other Than Political Committees)	--	--
	Political Party Committees	--	--
	Other Political Committees (such as PACs)	--	--
	Total Contributions Refunds	--	--
24	Total Disbursements	--	33.92
25	Total Disbursements	19,500.00	37,033.92
26	Total Federal Disbursements	19,500.00	37,033.92
III. Net Contributions/Operating Expenditures			
27	Total Contributions (other than loans) (from line 11d)	6,546.65	23,641.97
28	Total Contribution Refunds (from line 16d)	--	--
29	Net Contributions (other than loans) (subtract line 28 from line 27)	6,546.65	23,641.97
30	Total Federal Operating Expenditures	--	--
31	Transfers to Operating Expenditures (from line 15)	--	--
32	Net Operating Expenditures	--	--

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Any information on this schedule prepared by a preparer may not be used by any person for the purpose of soliciting contributions or for commercial purposes. Do not use this information for any political purpose or to solicit contributions from such committee.

NAME OF COMMITTEE (or Full Name)
American Ambulance Association Federal Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Marcella Woehmann 15744 Lindskog Whittier, CA 90603	AME, Inc.	7/22/93	\$ 200.00
Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 600.00</u>			
Robert L Moseian 10005 Mark Twain Ave. Bakersfield, CA 93312	Golden Empire Ambulance	7/22/93	200.00
Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 200.00</u>			
Brian Murphy 2800 7th Street, North St. Cloud, MN 56303	Murphy Ambulance	7/22/93	1,000.00
Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 1,000.00</u>			
Darryl Quigley 109 Waits Arford, TX 75043	Central Ambulance	9/30/93	1,000.00
Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 1,000.00</u>			
Richard Tibbetts 520 Park Ave. Grange, CA 95024	Troup County EMS, Inc.	9/30/93	250.00
Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 250.00</u>			
James Adkins, Jr. 1581 Bedford Dr. Mans, GA 30809	Richmond Ambulance Service	10/28/93	1,000.00
Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 1,000.00</u>			
John Diddle P.O. Box 975 East Liverpool, OH 43920	Tri-County Ambulance	10/28/93	500.00
Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 500.00</u>			

SUBTOTAL	\$ 4,150.00
TOTAL	\$ 4,150.00

2403975000

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information carried over from such Returns and Statements may not be valid or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any person lawfully to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

American Ambulance Association Federal Political Action Committee

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A Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brad Reger P.O. Box 711 Susanville, CA 96130	Owner/Operator	10/28/93	\$ 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 1,000.00</u>		
B Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcella Wehrmann 15744 Lindskog Whittier, CA 90603	A&E, Inc.	8/30/93	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 300.00</u>		
C Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcella Wehrmann 15744 Lindskog Whittier, CA 90603	A&E, Inc.	9/29/93	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 400.00</u>		
D Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcella Wehrmann 15744 Lindskog Whittier, CA 90603	A&E, Inc.	10/28/93	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 500.00</u>		
E Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Hall 1001 21st St. Bakersfield, CA 93301	Hall Ambulance	7/22/93	166.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 499.98</u>		
F Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Hall 1001 21st St. Bakersfield, CA 93301	Hall Ambulance	8/30/93	83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 583.31</u>		
G Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Hall 1001 21st St. Bakersfield, CA 93301	Hall Ambulance	9/29/93	83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Owner/Operator</u> Aggregate Year-to-Date: <u>\$ 666.64</u>		

SUBTOTAL of Receipts This Page (line 11a(i))	\$ 1,633.32
TOTAL (This Detail Page plus the balance on page 1)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 3
 FORM LINE NUMBER 11a(i)

All information reported from such Reports and Statements may not be so reported 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)

American Ambulance Association Federal Political Action Committee

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A. Full Name, Mailing Address and ZIP Code Harvey Hall 1001 21st St. Bakersfield, CA 93301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hall Ambulance Occupation Owner/Operator Aggregate Year-to-Date > \$ 749.97	Date (month, day, year) 10/28/93	Amount of Each Receipt (this Period) \$ 83.33
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt (this Period)
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt (this Period)
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	\$ 83.33
TOTAL (this Period) (last page only)	\$ 5,866.65

SCHEDULE A

ITEMIZED RECEIPTS

1. This schedule reports information from Form 1099-B and 1099-INT that may be used to determine if any person has the purpose of soliciting contributions of the committee and if any person has the purpose of soliciting contributions from such committee.

2. NAME OF COMMITTEE (in full)
American Ambulance Association Federal Political Action Committee

24-38754276

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
DeCuncini '94 Committee 5251 N. 16th St. Phoenix, AZ 85016	Refund of Contribution	11/17/93	\$ 380.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: 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)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: 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)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: 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: \$		

SUBTOTAL of Receipts This Page (opt. only)	
TOTAL (This total does not include amounts on other pages)	\$ 380.00

SCHE DULE B

ITEMIZED DISBURSEMENTS

General or special interest reports and statements may not be so used by any person for the purpose of soliciting contributions or for commercial purposes by the donor and officers of any political committee to which contributions from such committee.

NAME OF COMMITTEE (in Full)
 American Ambulance Association Federal Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hunter for Congress American Securities Council 1155 15th St., N.W. Washington, DC 20005	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/93	\$ 500.00
Cunningham for Congress American Securities Council 1155 15th St., N.W. Washington, DC 20005	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/93	500.00
Committee to Re-elect Jack Brooks 1762 Church St., N.W. Washington, DC 20036	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/93	1,000.00
Roybal-Allard for Congress 555 New Jersey Ave., N.W. Washington, DC 20001	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/93	500.00
Congressman Pazio Campaign Committee P.O. Box 990 Washington, DC 20044	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/21/93	1,000.00
Friends of Alan Wheat 816 E St., S.E. Washington, DC	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/10/93	1,000.00
Democratic Congressional Dinner Committee P.O. Box 2884 Washington, DC 20013	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/7/93	1,500.00
Matsui for Congress Committee P.O. Box 523024 Springfield, VA 22152	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/7/93	1,000.00
John Dingell for Congress 555 New Jersey Ave., N.W. Washington, DC 20001	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/7/93	1,000.00

SUBT: Total of Disbursements This Period (optional)	\$ 8,000.00
TOTA: Disbursement group total number on p/.....	

Any information copied from such Reports and Statements may not be 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)
 American Ambulance Association Federal Political Action Committee

A	Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
	Committee to Re-elect Tom Foley 555 New Jersey Ave. Washington, DC 20001	Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/7/93	\$ 1,000.00
B	Full Name, Mailing Address and ZIP Code Democratic National Committee 655 15th St., N.W. Washington, DC 20005	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
		Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/7/93	1,000.00
C	Full Name, Mailing Address and ZIP Code Gephardt in Congress Committee 507 Capitol Ct., N.E. Washington, DC 20002	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
		Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/93	500.00
D	Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol St. Washington, DC 20003	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
		Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/13/93	1,000.00
E	Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol St. Washington, DC 20003	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
		Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/93	1,500.00
F	Full Name, Mailing Address and ZIP Code Hunter for Congress 1122 5th St., N.W. Washington, DC 20001	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
		Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/93	500.00
G	Full Name, Mailing Address and ZIP Code Gephardt in Congress Committee 507 Capitol Ct., N.E. Washington, DC 20002	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
		Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/22/93	1,000.00
H	Full Name, Mailing Address and ZIP Code Ken Calvert for Congress Committee 104 N. West St. Alexandria, VA 22314	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
		Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/22/93	500.00
I	Full Name, Mailing Address and ZIP Code Chapman for Congress Committee P.O. Box 2474 Washington, DC 20013	Purpose of Disbursement Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
		Disbursement for <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/22/93	500.00

SUBTOTAL	All of 1993 amounts. This Page total only			\$ 7,500.00
101A	Use Page 1 of last page of 3 for number only			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page
 PART 3 OF 3
 FOR LINE NUMBER 23

All information copied from such records 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)
American Ambulance Association Federal Political Action Committee

24030/5:270

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement (This Period)
Congressional Pazio Campaign Committee P.O. Box 990 Washington, DC 20044	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify):	12/22/93	\$ 500.00
Bill Brewster for Congress P.O. Box 990 Washington, DC 20044	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify):	12/22/93	1,000.00
Senate Victory '94 21 East 40th St. New York, NY 10016	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify):	12/22/93	2,500.00
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify):	Date (month, day, year)	Amount of Each Disbursement (This Period)
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify):	Date (month, day, year)	Amount of Each Disbursement (This Period)
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify):	Date (month, day, year)	Amount of Each Disbursement (This Period)
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify):	Date (month, day, year)	Amount of Each Disbursement (This Period)
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify):	Date (month, day, year)	Amount of Each Disbursement (This Period)
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (Specify):	Date (month, day, year)	Amount of Each Disbursement (This Period)

SUB TOTAL of Disbursements (This Schedule)	\$ 4,000.00
TOTAL of Disbursements (this line number only)	\$ 19,500.00

**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
1-31-94

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

SD.

1-31-94

PREPARER

DATE PREPARED

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50