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)
American Association of Crop Insurers PAC

ADDRESS (number and street) [ ] Check if different than previously reported
One Massachusetts Avenue, N.W., Suite 800

CITY, STATE and ZIP CODE
Washington, D.C. 20001-1431

OCT 17 9 15 AM '94

2. FEC IDENTIFICATION NUMBER
C00172833

3. [X] 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
[X] 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 [X] 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		$ 87,299.20
(b) Cash on Hand at Beginning of Reporting Period	$ 86,594.66	
(c) Total Receipts (from Line 19)	$ 4,856.07	$ 31,469.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 91,450.73	$ 118,768.73
7. Total Disbursements (from Line 30)	$ 25,867.95	$ 53,185.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 65,582.78	$ 65,582.78
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 R. McLeod

Signature of Treasurer
Michael R. McLeod

Date
10/14/94

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: American Association of Crop Insurers PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	350	2,100	11(a)
ii. Unitemized	3,865	26,630	11(a)
iii. Total (add i and ii) ➤	4,215	28,730	11(a)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) ➤	4,215	28,730	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	1,000	16
17. Other Federal Receipts (Dividends, Interest, etc.) Bank Interest Earned	641.07	1,739.53	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,856.07	31,469.53	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,856.07	31,469.53	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)i
ii. Non-Federal Share	-0-	-0-	21(a)ii
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	25,750	51,850	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	28(d)
29. Other Disbursements	117.95	1,335.95	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	25,867.95	53,185.95	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	25,867.95	53,185.95	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,215	28,730	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,215	28,730	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-	37

9 4 0 3 2 2 2 2 9 5

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11(a)(i)

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)
American Association of Crop Insurers PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ron Dacken P.O. Box 348 106 E Ramsey Bancroft, IA 50517 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dacken & Associates Occupation: Owner Aggregate Year-to-Date > $ 250	7/25/94	$250
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dale W. Goen 102 E California Floydada, TX 79235 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Goen & Goen Occupation: Owner Aggregate Year-to-Date > $ 245	7/5/94	$100
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) > $350

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FE4AH101

SCHEDULE A **ITEMIZED RECEIPTS**

(Bank Interest Earned)

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sequoia National Bank 555 New Jersey Avenue, N.W. Washington, D.C.	(interest received on commercial checking)	7/31/94 8/8/94	$ 9.71 $ .04
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 70.45		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Sequoia National Bank 555 New Jersey Avenue, N.W. Washington, D.C. 20037	(interest received on Money Market)	7/30/94 8/8/94	$72.85 $ .01
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,110.62		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Burke & Herbert Bank & Trust Co. P.O. Box 268 Alexandria, VA 22313	(interest received on Certificate of Deposit)	8/8/94 9/8/94	$219.63 $222.48
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 442.11		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Burke & Herbert Bank & Trust Co. P.O. Box 268 Alexandria, VA 22313	(interest received on Super Now Checking)	7/31/94 8/31/94 9/30/94	$ 18.82 $ 59.38 $ 38.15
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 116.35		
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) $641.07

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SCHEDULE A

ITEMIZED RECEIPTS

(MEMO -- Bank Interest Earned)

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

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sequoia National Bank 555 New Jersey Avenue, N.W. Washington, D.C. 20037	(interest received on commercial checking) ~~Occupation~~ SEE ATTACHED AMENDED 2nd QUARTERLY REPORT	6/16-6/30	$ 5.52 MEMO
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sequoia National Bank 555 New Jersey Avenue, N.W. Washington, D.C. 20037	(interest received on Money Market) ~~Occupation~~ SEE ATTACHED AMENDED 2nd QUARTERLY REPORT	6/16-6/30	$81.68 MEMO
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)	$87.20 MEMO
TOTAL This Period (last page this line number only)	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Association of Crop Insurers PAC

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. Simon for Senate	Campaign Contribution	7/12/94	$ 250
B. Barlow for Congress 321 D Street, N.E. Washington, D.C. 20002	Campaign Contribution	7/20/94	$ 500
C. Committee to Elect Wayne Allard for Congress 611 Pennsylvania Avenue, S.E. Washington, D.C. 20003	Campaign Contrib.	7/27/94	$ 500
D. Richard Pombo for Congress Cmte 2825 N. Naglee Road Tracy, CA 95376	Campaign Contribution	7/28/94	$ 500
E. Frank Lucas for Congress Committee 4010 Franconia Road Alexandria, VA 22310	Campaign Contribution	7/28/94	$ 500
F. Stenholm for Congress Committee P.O. Box 1032 Stamford, TX 79553	Campaign Contribution	7/27/94	$1,000
G. Joe Skeen for Congress P.O. Box 16494 Alexandria, VA 22302	Campaign Contribution	8/3/94	$2,000
H. Earl Pomeroy for Congress P.O. Box 746 Bismarck, ND 58502	Campaign Contribution	8/9/94	$ 500
I. Kussle for Congress Committee 4010 Franconia Road Alexandria, VA 22310	Campaign Contribution	8/10/94	$ 500

SUBTOTAL of Disbursements This Page (optional) $6,250

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Association of Crop Insurers PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sarpalius for Congress Committee P.O. Box 8705 Wichita Falls, TX 76307	Campaign Contribution Disbursement for: Primary General Other (specify)	8/11/94	$1,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Combest Congressional Committee P.O. Box 2429 Lubock, TX 79408	Campaign Contribution Disbursement for: Primary General Other (specify)	8/8/94	$2,000
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
de la Garza for Congress Committee 3610 38th Street, N.W. F270 Washington, D.C. 20016	Campaign Contribution Disbursement for: Primary General Other (specify)	8/15/94	$5,000
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Barrett Committee P.O. Box 176 Grand Island, NE 68802	Campaign Contribution Disbursement for: Primary General Other (specify)	9/8/94	$1,000
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tom Ewing for Congress 1350 Eye Street, N.W. Washington, D.C. 20005	Campaign Contribution Disbursement for: Primary General Other (specify)	9/13/94	$ 500
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Coverdell Good Government Committee 3091 Maple Drive Atlanta, GA 30305	Campaign Contribution Disbursement for: Primary General Other (specify)	9/20/94	$ 500
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Earl Pomeroy for Congress P.O. Box 746 Bismarck, ND 58502	Campaign Contribution Disbursement for: Primary General Other (specify)	9/20/94	$ 500
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Minge for Congress 146 Nor Carolina Ave, S.E. Washington, D.C. 20003	Campaign Contribution Disbursement for: Primary General Other (specify)	9/20/94	$ 500
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: Primary General Other (specify)		$

SUBTOTAL of Disbursements This Page (optional) $11,000

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

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Association of Crop Insurers PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. John T. Doolittle for Congress 11954 Prospect Hill Drive Gold River, CA 95670	Campaign Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/21/94	$ 500
B. Friends of Conrad Burns P.O. Box 3311 Billings, MT 59103	Campaign Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/21/94	$1,000
C. Friends of Rep Tim Holden P.O. Box 523024 Springfield, VA 22152	Campaign Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/22/94	$ 500
D. Dan Glickman for Congress 1300 Connecticut Avenue, N.W. Washington, D.C. 20036	Campaign Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/22/94	$1,000
E. Hoosiers for Jill Long P.O. Box 117 Mt. Vernon, VA 22121	Campaign Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/27/94	$ 500
F. Friends of Jack Kingston 7370 Hodgson Memorial Drive, B-2 Savannah, GA 31406	Campaign Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/28/94	$ 500
G. Terry Everett for Congress P.O. Box 1460 Enterprise, AL 36331	Campaign Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/28/94	$ 500
H. Tim Johnson for South Dakota P.O. Box 88113 Sioux Falls, SD 57105	Campaign Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/28/94	$ 500
I. Richard Pombo for Congress 5840 Cameron Run #322 Alexandria, VA 22303	Campaign Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/28/94	$ 500

SUBTOTAL of Disbursements This Page (optional) $5,500

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

9 4 0 3 9 2 9 1 3 0 2

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Association of Crop Insurers PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Committee to Reelect Tom Foley c/o 555 New Jersey Avenue, N.W. Washington, D.C. 20001 Ste. 201	Campaign Contribution Disbursement for: Primary General Other (specify)	9/28/94	$1,000
B. Full Name, Mailing Address and ZIP Code Volkmer for Congress Committee P.O. Box 2884 Washington, D.C. 20013	Campaign Contribution Disbursement for: Primary General Other (specify)	9/29/94	$1,000
C. Full Name, Mailing Address and ZIP Code Leadership America 321 D Street, N.E. Washington, D.C. 20002	Campaign Contribution Disbursement for: Primary General Other (specify)	9/29/94	$1,000
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) $3,000

TOTAL This Form (enter this line number only) $25,750

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 10-14-94
☐	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

Seb. — PREPARER

10-17-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

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