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)

(AHMPAC)

AMERICAN HOTEL MOTEL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) Check if different than previously reported

1201 New York Avenue, N.W., Sixth Floor

CITY, STATE and ZIP CODE

Washington, DC 20005-3931

2. FEC IDENTIFICATION NUMBER

C00001198

3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (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
X 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 XXNO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 4/1/93 through 4/30/93		
6. (a)	Cash on Hand January 1, 19 93		$ 11,869.74
(b)	Cash on Hand at Beginning of Reporting Period	$ 2,309.44	
(c)	Total Receipts (from Line 19)	$ 3,729.03	$ 9,371.23
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 6,038.47	$ 21,240.97
7.	Total Disbursements (from Line 30)	$ 3,251.50	$ 18,454.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 2,786.97	$ 2,786.97
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 202-376-3120

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

Michael D. Gehrisch, Ass't. Secy./Treas.

Signature of Treasurer

Michael D. Gehrisch

Date 5/10/93

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

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

(revised 1/1/91)

NAME OF COMMITTEE (ARMPAC)
American Hotel Motel Political Action Committee

REPORT COVERING PERIOD FROM 4/1/93 TO 4/30/93

	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)	1,250.00	4,000.00
ii. Unitemized	2,465.00	5,290.00
iii. Total (add i and ii) ➤	3,715.00	9,290.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	3,715.00	9,290.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	14.03	81.23
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3,729.03	9,371.23
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3,729.03	9,371.23
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	1.50	6.00
b. Other Federal Operating Expenditures	1.50	6.00
c. Total Operating Expenditures (Add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees	3,150.00	18,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:	100.00	100.00
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤	100.00	100.00
29. Other Disbursements		348.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,251.50	18,454.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3,251.50	18,454.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	3,715.00	9,290.00
33. Total Contribution Refunds (from line 28d)	100.00	100.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,615.00	9,190.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1.50	6.00
36. Other Federal Receipts (from line 15)	0	0

SCHEDULE A

ITEMIZED 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 commerc purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

AMERICAN HOTEL MOTEL POLITICAL ACTION COMMITTEE (AHMPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Perio
Crestar Bank 1445 New York Avenue, NW Washington, DC 20005		4/30/93	14.03
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 Perio
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 Perio
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 Perio
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 Peri
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 Eac Receipt this Peri
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 Eac Receipt this Peri
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

Subject Page This Page (optional)

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
American Hotel Motel Political Action Campaign (AHMPAC)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Esther L. Lang 3100 South Dirksen Parkway Springfield, IL 62703 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Holiday Inns-Decatur Springfield Hotelier Aggregate Year-to-Date $250.00	4/15/93	$250.00
B. R.D. Musser Mackinac Island 13855 Peacock Road Laingsburg, MI 48848 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Mackinac Island Hotel & Resort Hotelier Aggregate Year-to-Date $500.00	4/8/93	$500.00
C. Richard C. Nelson, CHA Grand Hyatt 1000 H Street, NW Washington, DC 20001 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Grand Hyatt-Washington Hotelier Aggregate Year-to-Date $ 500	4/21/93	$500.00
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) . . . . . .

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

AMERICAN HOTEL MOTEL POLITICAL ACTION COMMITTEE (AHMPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Craig Thomas Craig Thomas for Congress c/o 3752 Keller Avenue Alexandria, VA 22302	Congressman Craig Thomas R-WY-At Large Disbursement for: Primary General Other (specify)	4/5/93	$350.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per
Jim Oberstar Friends of Jim Oberstar PO Box 465 Duluth, MN 55802	Cong. Jim Oberstar DFL-MN-8th District Disbursement for: Primary General Other (specify)	4/5/93	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per
Don Sundquist c/o Tucker & Associates 1350 Eye Street, NW, #870 Washington, DC 20005	Cong. Don Sundquist R-TN-7th District Disbursement for: Primary General Other (specify)	4/6/93	$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per
E. Clay Shaw, Jr. Friends of Clay Shaw PO Box 2188 Fort Lauderdale, FL 33303-2188	Congressman Clay Shaw R-FL-15th District Disbursement for: Primary General Other (specify)	4/6/93	$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Per
Sam Farr Sam Farr for Congress 1010 S Street Sacramento, CA 95814	Assemblyman Sam Farr D-CA-17th District Disbursement for: Primary General Other (specify)	4/8/93	$250.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
Istook for Congress Committee 3869 Beech Down Drive Chantilly, VA 22021	Congressman Ernest J. Istook R-OK-5th District Disbursement for: Primary General Other (specify)	4/12/93	$350.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
De Fazio for Congress PO Box 1316 Springfield, OR 97477	Cong. Peter De Fazio D-OR-4th District Disbursement for: Primary General Other (specify)	4/16/93	$200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
John Lewis for Congress Comm. PO Box 2884 Washington, DC 20013	Cong. John Lewis D-GA-5th District Disbursement for: Primary General Other (specify)	4/21/93	$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Pe
	Disbursement for: Primary General Other (specify)		

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

TOTAL This Period (last page this line number only) $3,150.00

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
☑	First Class Mail	POSTMARKED 5-12-93
☐	Registered/Certified Mail	POSTMARKED
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☐	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

SLD. — PREPARER

5-14-93 — DATE PREPARED