

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE SERVICES

APR 19 11 56 AM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) The ASCAP Legislative Fund for the Arts		2. FEC IDENTIFICATION NUMBER 000228296
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1 Lincoln Plaza		
CITY, STATE and ZIP CODE New York, NY 10023		
3. <input checked="" type="checkbox"/> 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 the Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/94</u> through <u>3/31/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 39,414.07
(b) Cash on Hand at Beginning of Reporting Period	\$ 39,414.07	
(c) Total Receipts (from Line 19)	\$ 8,582.21	\$ 8,582.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 47,996.28	\$ 47,996.28
7. Total Disbursements (from Line 30)	\$ 15,890.70	\$ 15,890.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 32,105.58	\$ 32,105.58
9. Debts and Obligations Owed TO 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 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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 John A. DiFrumento	Date 4/13/94
Signature of Treasurer <i>John A. DiFrumento</i>	

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

24038941323

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

(revised 1/1/81)

94038741324

NAME OF COMMITTEE		REPORT COVERING PERIOD		
The ASCAP Legislative Fund for the Arts CDO28296		FROM 1/1/94	TO: 3/31/94	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	4,033.67	4,033.67	11(a)(i)
ii.	Unitemized	4,478.48	4,478.48	11(a)(ii)
iii.	Total	8,512.15	8,512.15	11(a)(iii)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions	8,512.15	8,512.15	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)	70.06	70.06	17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts	8,582.21	8,582.21	19
20.	Total Federal Receipts	8,582.21	8,582.21	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share			21(a)(i)
ii.	Non-Federal Share			21(a)(ii)
b.	Other Federal Operating Expenditures	140.70	140.70	21(b)
c.	Total Operating Expenditures	140.70	140.70	21(c)
22.	Transfers to Affiliated/Other Party Committees	15,750.00	15,750.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees			23
24.	Independent Expenditures (use Schedule E)			24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26.	Loan Repayments Made			26
27.	Loans Made			27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds			28(d)
29.	Other Disbursements			29
30.	Total Disbursements	15,890.70	15,890.70	30
31.	Total Federal Disbursements	15,890.70	15,890.70	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	8,512.15	8,512.15	32
33.	Total Contribution Refunds (from line 28d)	-0-	-0-	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	8,512.15	8,512.15	34
35.	Total Federal Operating Expenditures	140.70	140.70	35
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37.	Net Operating Expenditures	140.70	140.70	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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)

The ASCAP Legislative Fund for the Arts C00228296

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hal David 10430 Wilshire Blvd PH 3 Los Angeles, CA 90024	Self	02/16/94	301.85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Songwriter	Aggregate Year-to-Date > \$	301.85
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Deutschendorf, Jr. c/o Woodman Mgmt. Corp P O Box 1171 Weston, CT 06883	-	02/16/94	285.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Entertainer	Aggregate Year-to-Date > \$	285.54
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kim Carnus Ellingood 737 Latimer Road Santa Monica, CA 90402	Self	02/16/94	237.13
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Music Business	Aggregate Year-to-Date > \$	237.13
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Foliant 402 El Centro Street - #11 South Pasadena, CA 91030	Self	02/16/94	363.25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Television / Film Composer	Aggregate Year-to-Date > \$	363.25
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Leiber 9000 Sunset Blvd - Suite 1107 Los Angeles, CA 90069	Self	02/16/94	295.95
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Songwriter	Aggregate Year-to-Date > \$	295.95
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry Mancini 9229 Sunset Blvd - #304 Los Angeles, CA 90069	Self	03/10/94	566.14
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Composer / Lyricist	Aggregate Year-to-Date > \$	566.14
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Russell Peck 3605 Brandywine Drive Greensboro, NC 27410	Self	02/16/94	217.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Composer	Aggregate Year-to-Date > \$	217.80

SUBTOTAL of Receipts This Page (optional)	2,267.66
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

The ASCAP Legislative Fund for the Arts CD0228296

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mike Stoller 9000 Sunset Blvd - Suite #1107 Los Angeles, CA 90069 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	02/16/94	286.83
	Occupation: Songwriter		
	Aggregate Year-to-Date > \$	286.83	
Julie Styne 1560 Broadway - #1205 New York, NY 10036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	01/14/94	1,338.48
	Occupation: Songwriter		
	Aggregate Year-to-Date > \$	1,338.48	
ASCAP 1 Lincoln Plaza New York, NY 10023 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	In-Kind Contribution - Fundraising, Supplies & Mailing	01/01/94 thru 03/31/94	60.94
	Occupation:		
	Aggregate Year-to-Date > \$	60.94	
ASCAP 1 Lincoln Plaza New York, NY 10023 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	In-Kind Contribution - Fundraising Recordkeeping	01/01/94 thru 03/31/94	79.76
	Occupation:		
	Aggregate Year-to-Date > \$	79.76	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1,766.01
TOTAL This Period (last page this line number only)	4,033.67

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category of the Donations Summary Page

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NAME OF COMMITTEE (in Full)

The ASCAP Legislative Fund for the Arts C00228296

74033941327

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chemical Bank		01/01/94 thru 03/31/94	70.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <i>Interest</i>	Occupation	Aggregate Year-to-Date > \$	70.06
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 (optional)	70.06
TOTAL This Period (last page this line number only)	70.06

SCHEDULE A

**N E M O
ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE NUMBER	

Exempt Accounting Services for Compliance with FEC

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NAME OF COMMITTEE (in Full)

The ASCAP Legislative Fund for the Arts CD0228296

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan J. Bauerschmidt c/o ASCAP 1 Lincoln Plaza New York, NY 10023	ASCAP	01/01/94 thru 03/31/94	430.05
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DR. Budgets & Planning	Aggregate Year-to-Date > \$	430.05
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 (optional)	430.05
TOTAL This Period (last page this line number only)	430.05

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
The ASCAP Legislative Fund for the Arts C00228296

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ASCAP Lincoln Plaza New York, NY 10023	In Kind Contribution - Fundraising, <u>Supplies & Mailing</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	01/01/94 thru 03/31/94	60.94
ASCAP Lincoln Plaza New York, NY 10023	In Kind Contribution - Fundraising / <u>Recordkeeping</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/01/94 thru 03/31/94	79.76
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (options) 140.70

TOTAL This Period (last page this line number only) 140.70

24038941329

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

The ASCAP Legislative Fund for the Arts C00228296

<p>A. Full Name, Mailing Address and ZIP Code Friends of Jim Saxson P O Box 24723 Nashville, TN 37202</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 01/21/94</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code John Bryant Campaign Committee 8035 East R.L. Thornton Freeway Suite 310 Dallas, TX 75228</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 01/26/94</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Friends of MMM 216 7th Street SE Washington, DC 20003</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 01/26/94</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Feinstein for Senate '94 Committee 908 Montgomery Street Suite 202 San Francisco, CA 94133</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 02/24/94</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Coryans for Congress 104 N West Street Alexandria, VA 22314</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/02/94</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code John D. Dingell for Congress Committee 555 New Jersey Avenue NW Suite 201 Washington, DC 20001</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/02/94</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Martin Frost Campaign Committee 555 New Jersey Avenue NW Suite 201 Washington, DC 20001</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/02/94</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>H. Full Name, Mailing Address and ZIP Code The Kosciuszko for Congress Committee 1349 N Noble Chicago, IL 60622</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/02/94</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>I. Full Name, Mailing Address and ZIP Code Hyde for Congress Committee P O Box 332 Des Plaines, IL 60016</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/02/94</p>	<p>Amount of Each Disbursement This Period 500.00</p>

SUBTOTAL of Disbursements This Page (options)

6,500.00

TOTAL This Period (last page this line number only)

34038941330

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

The ASCAP Legislative Fund for the Arts C00228296

<p>A. Full Name, Mailing Address and ZIP Code Baucher for Congress P O Box 2474 Washington, DC 20013</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/16/94</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Congressman Bert Gordon Committee 555 New Jersey Avenue NW Suite 201 Washington, DC 20001</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/16/94</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Citizens for David Mann 501 Capitol Court NE Suite 200 Washington, DC 20002</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/25/94</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Moorhead for Congress Committee 3869 Beech Down Drive Chantilly, VA 22021-3348</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/25/94</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Wheat for Senate 8612 63rd Street Kansas City, MO 64133</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/25/94</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Royer for Congress 7905 Malcolm Road Suite 102 Clinton, MD 20735</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/25/94</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code The Lautenberg Committee 236 Massachusetts Avenue NE Suite 306 Washington, DC 20002</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/25/94</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>H. Full Name, Mailing Address and ZIP Code The Moynihan Committee 21 East 40th Street Suite 2104 New York, NY 10016</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/25/94</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>
<p>I. Full Name, Mailing Address and ZIP Code Jeffords for Vermont 517 Second Street NE Washington, DC 20002</p>	<p>Purpose of Disbursement Contribution</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 03/25/94</p>	<p>Amount of Each Disbursement This Period 1,000.00</p>

SUBTOTAL of Disbursements This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

94038241351

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 The ASCAP Legislative Fund for the Arts CO0228296

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bill Mc Callum for Congress 1212 North Vernon Street Arlington, VA 22201	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/25/94	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Patrick Kennedy 301 South Reynolds Street Suite 207 Washington, DC 22304	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/25/94	250.00
C. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad 112 B East Broad Street Pajala Church, VA 22046	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/25/94	1,000.00
D. Full Name, Mailing Address and ZIP Code Obey for Congress 555 New Jersey Avenue NW Suite 201 Washington, DC 20001	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03/25/94	500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (opt. on all)	2,250.00
TOTAL This Period (last page this line number only)	15,750.00

2
3
4
5
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**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

SEH

PREPARER

4-19-94

DATE PREPARED

94038941303