

SMITH, GAMBRELL & RUSSELL

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS AND INDIVIDUALS

ATTORNEYS AT LAW  
SUITE 3100, PROMENADE II

1230 PEACHTREE STREET, N.E.  
ATLANTA, GEORGIA 30309-3592

ESTABLISHED 1893

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAY 18 1996

JUL 15 2 26 PM '96

ATLANTA FINANCIAL CENTER  
SUITE 1900  
3343 PEACHTREE ROAD, N.E.  
ATLANTA, GEORGIA 30326-1010  
(404) 264-2620  
TELECOPIER (404) 264-2652

(404) 815-3500  
TELECOPIER (404) 815-3509  
Stephen B. O'Day  
(404) 815-3527

July 11, 1996

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Public Records Office  
Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

Re: Smith, Gambrell & Russell Political Action Committee  
Trust- Federal  
FEC I.D. #C001 87112

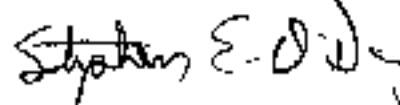
Ladies and Gentlemen:

Enclosed for filing please find the FEC Form 3X quarterly report in connection with the above-referenced Political Action Committee. Please feel free to contact the undersigned should you have any questions regarding this report.

Best personal regards.

Very truly yours,

SMITH, GAMBRELL & RUSSELL



Stephen E. O'Day  
Treasurer  
Political Action Committee  
Trust - Federal

SEO/kh  
Enclosure

LITCOM/10646

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

JUL 15 2 26 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>Smith, Gambrell &amp; Russell Political Action Committee Trust - Federal</b>		2. FEC IDENTIFICATION NUMBER <b>CD01 87112</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1230 Peachtree St., N.E., Suite 3100</b>		
CITY, STATE and ZIP CODE <b>Atlanta, Georgia 30309</b>		
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:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> 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
6. Covering Period <u>6/20/96</u> through <u>6/30/96</u>			
6(a)	Cash on Hand January 1, 19 <u>96</u>		\$ 1,626.55
6(b)	Cash on Hand at Beginning of Reporting Period	\$ 3,926.55	
6(c)	Total Receipts (from Line 19)	\$ 0	\$ 4,800.00
6(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3,926.55	\$ 6,426.55
7.	Total Disbursements (from Line 30)	\$ 0	\$ 2,500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,926.55	\$ 3,926.55
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 988 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 <b>Stephen E. O'Day</b>			
Signature of Treasurer <i>Stephen E. O'Day</i>		Date <b>7-11-96</b>	

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

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**FEC FORM 3X**  
(revised 6/83)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>Smith, Gambrell &amp; Russell Political Action Committee Trust - Federal</b>	REPORT COVERING PERIOD	
	FROM	TO
	<b>6/20/96</b>	<b>6/30/96</b>
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)	0	250.96
ii. Unitemized	0	4,549.04
iii. Total (add i and ii) >	0	4,800.00
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) >	0	4,800.00
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	0	4,800.00
20. Total Federal Receipts (subtract line 18 from line 19) >	0	4,800.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	0	0
c. Total Operating Expenditures (add a i, a ii, and b) >	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	2,500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) >	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	0	2,500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	0	2,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	0	4,800.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	0	4,800.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	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 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)

Smith, Gambrell & Russell Political Action Committee Trust - Federal

<b>A. Full Name, Mailing Address and ZIP Code</b> _____ _____ _____ _____		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 > \$ _____	
<b>B. Full Name, Mailing Address and ZIP Code</b> _____ _____ _____ _____		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 > \$ _____	
<b>C. Full Name, Mailing Address and ZIP Code</b> _____ _____ _____ _____		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 > \$ _____	
<b>D. Full Name, Mailing Address and ZIP Code</b> _____ _____ _____ _____		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 > \$ _____	
<b>E. Full Name, Mailing Address and ZIP Code</b> _____ _____ _____ _____		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 > \$ _____	
<b>F. Full Name, Mailing Address and ZIP Code</b> _____ _____ _____ _____		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 > \$ _____	
<b>G. Full Name, Mailing Address and ZIP Code</b> _____ _____ _____ _____		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) .....

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

0.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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 committees.

NAME OF COMMITTEE (In Full)

Smith, Gambrell & Russell Political Action Committee Trust - Federal

A. 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
B. 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
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 (optional) .....

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

0.00

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

Registered/Certified Mail

POSTMARKED

7/2/96

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

*E.S.*  
PREPARED

*7/15/96*  
DATE PREPARED