

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

JUL 20 12 29 PM '93

USE FEC MAILING LABEL OR TYPE OF PRINT

CURR# 3903      061493      P 243 <b>ROBERT J. JERABEK</b> PROFESSIONALS POLITICAL ACTION COMMITTEE (P-PAC) (CENTERRA C 8404 INDIAN HILLS DRIVE OMAHA                              NE 68114	2. FEC IDENTIFICATION NUMBER <p style="text-align: center; font-size: 1.2em;">000103903</p> 3. <input type="checkbox"/> This committee qualified as a multi-candidate committee <b>DURING THIS</b> Reporting Period on _____ (date).
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### 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report      Monthly Report Due On:
- February 20     June 20       October 20  
 July 15 Quarterly Report     March 20     July 20       November 20  
 October 15 Quarterly Report     April 20     August 20     December 20  
 January 31 Year End Report     May 20       September 20     January 31
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- 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
5. Covering Period <u>4/12/93</u> through <u>6/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 18,306.95
(b) Cash on Hand at Beginning of Reporting Period ..	\$ 20,472.06	
(c) Total Receipts (from Line 19) .....	\$ 2,961.46	\$ 8,670.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	\$ 23,433.52	\$ 26,977.52
7. Total Disbursements (from Line 30) .....	\$ 4,125.00	\$ 7,669.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	\$ 19,308.52	\$ 19,308.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	\$ .00	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) .....	\$ .00	

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>Robert J. Jerabek</b>	
Signature of Treasurer <i>R. J. Jerabek</i>	Date <b>7/16/93</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.

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

(revised 1/1/91)

NAME OF COMMITTEE <b>Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)</b>	REPORT COVERING PERIOD FROM <b>4/12/93</b> TO: <b>6/30/93</b>
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**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) .....	163.32	163.32
ii. Unitemized .....	2,671.22	8,247.30
iii. Total .....	2,834.54	8,410.62
b. Political Party Committees .....	.00	.00
c. Other Political Committees (such as PACs) .....	.00	.00
d. Total Contributions .....	2,834.54	8,410.62
12. Transfers From Affiliated/Other Party Committees .....	.00	.00
13. All Loans Received .....	.00	.00
14. Loan Repayments Received .....	.00	.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	.00	.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	.00	.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	126.92	259.95
18. Transfers from Nonfederal Account for Joint Activity .....	.00	.00
19. Total Receipts .....	2,961.46	8,670.57
20. Total Federal Receipts .....	2,961.46	8,670.57

**II. Disbursements**

21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
Federal Share .....	.00	.00
i. Non-Federal Share .....	.00	.00
b. Other Federal Operating Expenditures .....	.00	194.00
c. Total Operating Expenditures .....	.00	194.00
22. Transfers to Affiliated/Other Party Committees .....	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	1,000.00	2,000.00
24. Independent Expenditures (use Schedule E) .....	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) .....	.00	.00
26. Loan Repayments Made .....	.00	.00
27. Loans Made .....	.00	.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees .....	.00	.00
b. Political Party Committees .....	.00	.00
c. Other Political Committees (such as PACs) .....	.00	.00
d. Total Contribution Refunds .....	.00	.00
29. Other Disbursements .....	3,125.00	5,475.00
30. Total Disbursements .....	4,125.00	7,669.00
31. Total Federal Disbursements .....	4,125.00	7,669.00

**III. Net Contributions/Operating Expenditures**

32. Total Contributions (other than loans)(from line 11d) .....	2,834.54	8,410.62
33. Total Contribution Refunds (from line 28d) .....	.00	.00
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	2,834.54	8,410.62
35. Total Federal Operating Expenditures .....	.00	194.00
36. Offsets to Operating Expenditures (from line 15) .....	.00	.00
37. Net Operating Expenditures .....	.00	194.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)  
**Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)**

<b>A. Full Name, Mailing Address and ZIP Code</b> Jay Campbell 8404 Indian Hills Drive Omaha, NE 68114-4049	Name of Employer Centerra Corporation	Date (month, day, year) 4/12/93 - 6/30/93	Amount of Each Receipt this Period \$80.00 (\$40.00 for 2 payroll periods)
	Occupation Engineer	Aggregate Year-to-Date > \$ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Dale McMichael 8404 Indian Hills Drive Omaha, NE 68114-4049	Name of Employer Centerra Corporation	Date (month, day, year) 4/12/93 - 6/30/93	Amount of Each Receipt this Period \$83.32 (\$41.66 for 2 payroll periods)
	Occupation Marketer	Aggregate Year-to-Date > \$ 249.96	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b>	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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

SUBTOTAL of Receipts This Page (optional)	
<b>TOTAL This Period (last page this line number only)</b>	<b>\$163.32</b>

FEDERAL  
SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kerrey for Senate 7602 Pacific Street Omaha, NE 68114 Attn: James Weaver, Treasurer	U.S. Senator Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/29/93	\$1,000.00
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) .....

\$1,000.00

OTHER  
SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF  
1 2  
FOR LINE NUMBER  
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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)

Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
T.O. B. Republican Committee 164 Post Avenue Westbury, NY 11590 Attn: James E. Picken, Treasurer	Support Town of Oyster Bay Republican Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/93	250.00
B. Full Name, Mailing Address and ZIP Code Frank Christensen for City Council 2514 South 43rd Street Omaha, NE 68105 Attn: Jason Blankenship, Treas.	Purpose of Disbursement Omaha, NE City Council Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/22/93	100.00
C. Full Name, Mailing Address and ZIP Code People to Elect Jack Wagner, Mayor 2502 West Liberty Avenue Pittsburgh, PA 15226 Attn: Robert Breilt, Treasurer	Purpose of Disbursement Mayor - City of Pittsburgh Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/3/93	100.00
D. Full Name, Mailing Address and ZIP Code Richard M. Daley Campaign Committee 111 West Washington - Suite 901 Chicago, IL 60602 Attn: Patricia Kilroe, Treasurer	Purpose of Disbursement Mayor - City of Chicago Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/93	1,250.00
E. Full Name, Mailing Address and ZIP Code Union County Democratic Committee 910 Woodmore Drive Westfield, NJ 07090 Attn: J. Biener, Treasurer	Purpose of Disbursement Peter Corvelli - Freeholder Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/93	600.00
F. Full Name, Mailing Address and ZIP Code Friends of Jim Kennedy 422 Elm Avenue Rahway, NJ 07065 Attn: Ann Hoblitzell, Chairperson	Purpose of Disbursement Mayor - City of Rahway, NJ Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/93	150.00
G. Full Name, Mailing Address and ZIP Code Friends of Lou Santagata 117 Woodruff Avenue Hillside, NJ 07205 Attn: Robert Trotte, Treasurer	Purpose of Disbursement Freeholder Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/93	150.00
H. Full Name, Mailing Address and ZIP Code Roselle Centennial Committee 362 West Fourth Avenue Roselle, NJ 07203 Attn: J. Biener, Treasurer	Purpose of Disbursement Support Roselle Centennial Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/93	200.00
I. Full Name, Mailing Address and ZIP Code Tom Ridge for Governor Committee 711 Penn Avenue - Suite 304 Pittsburgh, PA 15222 Attn: David Gerard-Dicarlo, Treas.	Purpose of Disbursement Governor of Pennsylvania Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/4/93	25.00

SUBTOTAL of Disbursements This Page (opt'ional)

52,825.00

TOTAL This Period (Use page this line number only)

OTHER  
SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2  
FDR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)

0  
3  
1  
9  
4  
3  
3  
0  
3  
2

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Elect Susan Withrow 26001 Camino Mission Viejo, CA 92691 Attn: Pauline McCall, Treasurer	Mission Viejo City Council Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	6/10/93	300.00
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) .....	300.00
TOTAL This Period (all page this line number only) .....	\$3,125.00

LOANS

Name of Committee (in Full) Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)			
A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
NONE THIS REPORTING PERIOD			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
B. Full Name, Mailing Address and ZIP Code of Loan Source			
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
SUBTOTALS This Period This Page (optional) .....			.00
TOTALS This Period (last page in this list only) .....			.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

250331301

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

Name of Committer (in Full) Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor  NONE THIS REPORTING PERIOD				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional) . . . . .				.00
2) TOTAL This Period (last page this line only) . . . . .				.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) . . . . .				.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) . . . . .				.00

2 3 4 5 6 7 8 9 10 11 12





**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. § 441a(d))**

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full) <b>Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)</b>				
Has your Committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:				
Full Name, Mailing Address and ZIP Code of Subordinate Committee  <b>NONE THIS REPORTING PERIOD</b>				
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
Full Name, Mailing Address and ZIP Code of Each Payee	Name of Federal Candidate Supported, State, District & Office Sought	Purpose of Expenditure	Date (month, day, year)	Amount
	Aggregate General Election Expenditure for this Candidate—\$			
<b>SUBTOTAL of Expenditures This Page (optional)</b>				.00
<b>TOTAL This Period (last page this line number only)</b>				.00

133471354

**METHOD OF ALLOCATION FOR SHARED FEDERAL  
AND NON-FEDERAL ADMINISTRATIVE EXPENSES  
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE

Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)

**NATIONAL PARTY COMMITTEES**

**FIXED FEDERAL PERCENTAGE** (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... 0 %  
 PRESIDENTIAL YEAR (65%)  
 ALL OTHER YEARS (80%)

**HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES**

**MINIMUM FEDERAL PERCENTAGE** (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... 0 %  
 OR  
**FUNDS EXPENDED:**  
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... 0 %  
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %  
  
**ADJUSTMENTS TO FUNDS EXPENDED:**  
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... \$ ..... 0 %  
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... \$

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

**SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES**

**FUNDS EXPENDED:**  
 • ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... 0 %  
 • ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %  
  
**ADJUSTMENTS TO FUNDS EXPENDED:**  
 ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... \$ ..... 0 %  
 ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... \$

**STATE AND LOCAL PARTY COMMITTEES**

**BALLOT COMPOSITION**

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT .....	(1 POINT) .....	
2. U.S. SENATE .....	(1 POINT) .....	
3. U.S. CONGRESS .....	(1 POINT) .....	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3) .....		
5. GOVERNOR .....	(1 POINT) .....	
6. OTHER STATEWIDE OFFICE(S) .....	(1 OR 2 POINTS) .....	
7. STATE SENATE .....	(1 POINT) .....	
8. STATE REPRESENTATIVE .....	(1 POINT) .....	
9. LOCAL CANDIDATES .....	(1 OR 2 POINTS) .....	
10. EXTRA NON-FEDERAL POINT ..... x	(1 POINT) .....	1
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) .....		
12. TOTAL POINTS (LINE 4 PLUS LINE 11) .....		

**FEDERAL ALLOCATION** = LINE 4 DIVIDED BY LINE 12 ..... 0 %

**ALLOCATION RATIOS**

NAME OF COMMITTEE

Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)

**ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.**

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

<p>NAME OF ACTIVITY OR EVENT <b>NONE THIS REPORTING PERIOD</b></p> <p>ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED</p>	<p>FEDERAL %</p>	<p>NON-FEDERAL %</p>
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED</p>	<p>FEDERAL %</p>	<p>NON-FEDERAL %</p>
<p>NAME OF ACTIVITY OR EVENT</p> <p>ACTIVITY IS: ..... FUNDRAISING ..... EXEMPT ..... DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ..... NEW ..... REVISED ..... SAME AS PREVIOUSLY REPORTED</p>	<p>FEDERAL %</p>	<p>NON-FEDERAL %</p>
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TRANSFERS FROM  
 NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE Professionals Political Action Committee (P-PAC) (Centerra Corporation, et al.)	TOTAL AMOUNT TRANSFERRED
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NAME OF ACCOUNT	DATE OF RECEIPT	\$	.00
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	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND- RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive .....				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising .....				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support .....				

NAME OF ACCOUNT	DATE OF RECEIPT	\$	.00
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	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND- RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
ii) Total Administrative/Voter Drive .....				
iii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising .....				
iv) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support .....				

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND- RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
SUBTOTAL THIS PAGE .....				.00
TOTAL THIS PERIOD .....				.00

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Federal Election Commission  
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The Commission has added this page to the end of this filing to indicate how it was received.

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and/or DATE OF RECEIPT

*J.M.H.*  
PREPARER

*7-20-93*  
DATE PREPARED

7 0 0 3 0 4 7 1 0 5 7