

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
ADMINISTRATIVE SERVICES CENTER
WASHINGTON, DC 20463

Oct 4 10 44 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE OR CANDIDATE
 090211250 090254 p 247
 PAUL I RABIN
 ADM CORPORATION POLITICAL ACTI
 ON COMMITTEE (ADM PAC)
 120 N WACKER DRIVE
 CHICAGO IL 60606

2. FEC IDENTIFICATION NUMBER
 3. 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 this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	07/01/94 through 09/30/94		
6. (a) Cash on Hand January 1, 19 94			\$ 40,765.27
(b) Cash on Hand at Beginning of Reporting Period		\$ 37,839.37	
(c) Total Receipts (from Line 19)		\$ 4,110.39	\$ 11,309.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 41,949.76	\$ 52,074.76
7. Total Disbursements (from Line 30)		\$ 2,100.00	\$ 12,225.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 39,849.76	\$ 39,849.76
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 969 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

Paul I. Rabin

Signature of Treasurer



Date

09/30/94

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)

FEBR101

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

(revised 1/1/91)

NAME OF COMMITTEE AON CORPORATION POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 07/01/94 TO 09/30/94	
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)	3,209.49	6,868.42	11(a)(i)
ii. Unitemized	900.90	4,441.07	11(a)(ii)
iii. Total	4,110.39	11,309.49	11(a)(iii)
b. Political Party Committees	-	-	11(b)
c. Other Political Committees (such as PACs)	-	-	11(c)
d. Total Contributions	4,110.39	11,309.49	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, Rabats, etc.)	-	-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-	-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-	-	17
18. Transfers from Nonfederal Account for Joint Activity	-	-	18
19. Total Receipts	4,110.39	11,309.49	19
20. Total Federal Receipts	4,110.39	11,309.49	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	-	-	21(b)
c. Total Operating Expenditures	-	-	21(c)
22. Transfers to Affiliated/Other Party Committees	-	-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,300.00	1,800.00	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	800.00	10,425.00	29
30. Total Disbursements	2,100.00	12,225.00	30
31. Total Federal Disbursements	2,100.00	12,225.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,110.39	11,309.49	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,110.39	11,309.49	34
35. Total Federal Operating Expenditures	-	-	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures	-	-	37

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ITEMIZED RECEIPTS

SCHEDULE 'A'

ANY INFORMATION COPIED FROM SUCH REPORTS OR 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 FOR SUCH COMMITTEE.

NAME OF COMMITTEE (IN FULL): AON CORPORATION POLITICAL ACTION COMMITTEE PFC# C00211250

A. FULL NAME, MAILING ADDRESS AND ZIP Jerome I. Baer 1616 Birch Northbrook, IL 60062	NAME OF EMPLOYER Combined Insurance OCCUPATION: Vice President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 160.16 \$ 22.88 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 427.82		
B. FULL NAME, MAILING ADDRESS AND ZIP William D. Baldwin 8797 River Road Richmond, VA 23229	NAME OF EMPLOYER Life of Virginia OCCUPATION: Sr. Vice President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 336.00 \$ 48.00 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 912.00		
C. FULL NAME, MAILING ADDRESS AND ZIP John D. Bean 1610 King William Woods Middlethian, VA 23113	NAME OF EMPLOYER Life of Virginia OCCUPATION: Vice President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 123.20 \$ 17.60 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 328.58		
D. FULL NAME, MAILING ADDRESS AND ZIP Marlin E. Blackwell, Jr. 1960 Albion Road Middlethian, VA 23113	NAME OF EMPLOYER Life of Virginia OCCUPATION: Systems Manager	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 84.00 \$ 12.00 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 228.00		

SUBTOTAL OF RECEIPTS THIS PAGE:

\$ 703.36

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (IN FULL): SON CORPORATION POLITICAL ACTION COMMITTEE POC# C00211250

A.	FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE (MM, DD, YY)	AMT OF EACH RCPT
	Paul J. Bowdreau 631 Mullady Parkway Libertyville, IL 60048	Combined Insurance OCCUPATION: Sr. Vice President	Bi-Weekly Payroll Deduct	THIS PERIOD \$ 195.16 \$ 27.88 Per Pay Check
	RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 523.96		
	B. FULL NAME, MAILING ADDRESS AND ZIP Kyle Campbell 1333 N. Ridge Ave. Arlington Heights, IL 60004	NAME OF EMPLOYER Ryan Insurance OCCUPATION: Vice President	DATE (MM, DD, YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 140.00 \$ 20.00 Per Pay Check
	RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 380.00		
	C. FULL NAME, MAILING ADDRESS AND ZIP Daniel P. Cox 1000 Vine Street Winnetka, IL 60093	NAME OF EMPLOYER Life of Virginia OCCUPATION: Chairman	DATE (MM, DD, YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 336.00 \$ 48.00 Per Pay Check
	RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 912.00		
	D. FULL NAME, MAILING ADDRESS AND ZIP Thomas A. Curatolo 1105 S. Salem Avenue Arlington Heights, IL 60005	NAME OF EMPLOYER Combined Insurance OCCUPATION: Vice President	DATE (MM, DD, YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 131.95 \$ 18.85 Per Pay Check
	RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 351.79		
SUBTOTAL OF RECEIPTS THIS PAGE:				\$ 803.11

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (IN FULL): AON CORPORATION POLITICAL ACTION COMMITTEE FECD C00211250

A. FULL NAME, MAILING ADDRESS AND ZIP Robert M. Foys 881 Muirfield Road Iverness, IL 60067	NAME OF EMPLOYER RHH Co. OCCUPATION: President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 255.78 \$ 36.54 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 679.26		
B. FULL NAME, MAILING ADDRESS AND ZIP Alfred H. Frezza 16 Millbrook Drive Princeton Junction, NJ 08550	NAME OF EMPLOYER Aon RE OCCUPATION: Sr. Vice President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 140.00 \$ 20.00 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 380.00		
C. FULL NAME, MAILING ADDRESS AND ZIP Daniel B. Gerritz 8124 Sawmill Road Richmond, VA 23229	NAME OF EMPLOYER Life of Virginia OCCUPATION: Vice President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 90.02 \$ 12.86 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 244.34		
D. FULL NAME, MAILING ADDRESS AND ZIP Sandra Jenson 4027 N. Kildare Ave. Chicago, IL 60641	NAME OF EMPLOYER RHH-IL OCCUPATION: Vice President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 61.52 \$ 0.00 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 238.45		
SUBTOTAL OF RECEIPTS THIS PAGE:			\$ 547.32

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (IN FULL): AGW CORPORATION POLITICAL ACTION COMMITTEE FBC# C0211250

A. FULL NAME, MAILING ADDRESS AND ZIP George W. Lawlar 1938 Stanton Court Arlington Heights, IL 60004	NAME OF EMPLOYER Combined Insurance OCCUPATION: Vice President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 149.45 \$ 21.35 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 402.17		
B. FULL NAME, MAILING ADDRESS AND ZIP Hugo A. Lorenz 950 N. Michigan Avenue Chicago, IL 60611	NAME OF EMPLOYER Combined Insurance OCCUPATION: Vice President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 134.61 \$ 19.23 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 362.71		
C. FULL NAME, MAILING ADDRESS AND ZIP Ronald D. Moyer 98 Fresno Ct. Naperville, IL 60540	NAME OF EMPLOYER BHH Co. OCCUPATION: Vice President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 171.78 \$ 24.54 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 460.03		
D. FULL NAME, MAILING ADDRESS AND ZIP Michael D. Rice 2 S. 001 Country Club Lane Wheaton, IL 60187	NAME OF EMPLOYER BHH Co. OCCUPATION: Sr. Vice President	DATE(MM,DD,YY) Bi-Weekly Payroll Deduct	AMT OF EACH RCPT THIS PERIOD \$ 471.17 \$ 67.31 Per Pay Check
RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 1,275.01		
SUBTOTAL OF RECEIPTS THIS PAGE:			\$ 927.01

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ITEMIZED RECEIPTS

SCHEDULE 'A'

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NAME OF COMMITTEE (IF FULL): AON CORPORATION POLITICAL ACTION COMMITTEE FEC# 000211250

A.	FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE(MM,DD,YY)	AMT OF EACH RCPT THIS PERIOD
	Paul T. Slawar 21844 N. Vesper Court Barrington, IL 60010	RHM Co. OCCUPATION: Vice President	Bi-Weekly Payroll Deduct	\$ 148.05 \$ 21.15 Per Pay Check
	RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 390.33		
B.	FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE(MM,DD,YY)	AMT OF EACH RCPT THIS PERIOD
	Covey L. Smith 21 Runswick Drive Richmond, VA 23233	Life of Virginia OCCUPATION: Vice President	Bi-Weekly Payroll Deduct	\$ 80.64 \$ 11.52 Per Pay Check
	RECEIPT FOR: <input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input type="checkbox"/> OTHER N/A	AGGREGATE YEAR-TO-DATE \$ 218.88		
SUBTOTAL OF RECEIPTS THIS PAGE:				\$ 228.69
TOTAL RECEIPTS THIS PERIOD:				\$ 3,209.49

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

AON CORPORATION POLITICAL ACTION COMMITTEE

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campaign to Re-elect Congressman Rangel 1963 W. 125th St., Room 737 New York, NY 10037	General Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/94	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Earl Pomeroy for Congress P.O. Box 746 Bismarck, North Dakota 58501	General Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/16/94	\$ 300.00
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)

\$1,300.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER
29

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NAME OF COMMITTEE (In Full)
AON CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code Friends of Henry Morgan P.O. Box 949 Gloucester, VA 23061	Purpose of Disbursement General Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 07/12/94	Amount of Each Disbursement This Period \$ 100.00
B. Full Name, Mailing Address and ZIP Code Cranwell Majority Leader PAC P.O. Box 43 Vinton, VA 24179	Purpose of Disbursement General Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/08/94	Amount of Each Disbursement This Period \$ 100.00
C. Full Name, Mailing Address and ZIP Code Didrickson for Comptroller 134 N. LaSalle St., Suite 925 Chicago, IL 60602	Purpose of Disbursement General Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/13/94	Amount of Each Disbursement This Period \$ 350.00
D. Full Name, Mailing Address and ZIP Code Neighbors for Joe Beneditti P.O. Box 813 Richmond, VA 23207	Purpose of Disbursement General Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 09/13/94	Amount of Each Disbursement This Period \$ 250.00
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 (optional)

TOTAL This Period (last page this line number only)

\$800.00

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

10-4-94

First Class Mail

POSTMARKED

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

DATE OF RECEIPT

JMN
PREPARED

10-4-94
DATE PREPARED

2 9 2 3 7 5 0 3 1