REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
COMMISSION
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For Other Than An Authorized Committee

(Summary Page)

JUL 26 11 44 AM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1. C00194647 061493
WILLIAM A. PULLY
NORTH CAROLINA HOSPITAL POLITI
CAL ACTION COMMITTEE FEDERAL C
PO BOX 80428
~~112 COX AVENUE~~
RALEIGH NC 27623

2. FEC IDENTIFICATION NUMBER

C00194647

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☒ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ 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 1-1-93 through 6-30-93		
6. (a) Cash on Hand January 1, 1993		$ 1,651.37
(b) Cash on Hand at Beginning of Reporting Period	$ 1,651.37	
(c) Total Receipts (from Line 19)	$ 10,366.60	$ 10,366.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 12,017.97	$ 12,017.97
7. Total Disbursements (from Line 30)	$ 11,000.00	$ 11,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1,017.97	$ 1,017.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY 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

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
William A. Pully

Signature of Treasurer
William A. Pully

Date
7-21-93

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

FEC FORM 3X
(revised 1/1/91)

93033005378

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

(revised 1/1/91)

NAME OF COMMITTEE North Carolina Hospital Association Political Action Committee - Federal (HOSPAC-Federal)

REPORT COVERING PERIOD FROM 1-1-93 TO: 6-30-93

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A) *all contributions $50 and over are itemized	3,290.00	3,290.00
ii. Unitemized	7,076.60	7,076.60
iii. Total (add i and ii) ➤	10,366.60	10,366.60
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	10,366.60	10,366.60
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	10,366.60	10,366.60
20. Total Federal Receipts (subtract line 18 from line 19) ➤	10,366.60	10,366.60
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees	11,000.00	11,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,000.00	11,000.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,000.00	11,000.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	10,366.60	10,366.60
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,366.60	10,366.60
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

93033019

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 22

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)
NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE - Federal (HOSPAC-Federal)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code American Hospital Association Political Action Committee 50 F Street, NW, Suite 1100 Washington, DC 20001	Transfer to PAC of AHA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-25-93	7,000.00
B. Full Name, Mailing Address and ZIP Code American Hospital Association Political Action Committee 50 F Street, NW, Suite 1100 Washington, DC 20001	Transfer to PAC of AHA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6-28-93	4,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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)	11,000.00

9 3 0 3 8 1 0 5 3 8 0

SCHEDULE A **ITEMIZED RECEIPTS**

**all contributions $50 and over are itemized

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)
NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE - Federal (HOSPAC-Federal)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Paul M. Wiles 3333 Silas Creek Parkway Winston-Salem, NC 27103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Forsyth Memorial Hospital President Aggregate Year-to-Date $ 100.00	1-7-93	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Nancy J. Higgerson 10 Mill Creek Court Greensboro, NC 27407 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Moses Cone Memorial Hospital V.P., Nursing Aggregate Year-to-Date $ 60.00	3-24-93	60.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Peter N. Geilich P.O. Box 1385 Ahoskie, NC 27910 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Roanoke-Chowan Hospital President Aggregate Year-to-Date $ 100.00	3-8-93	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Susan H. Fitzgibbon 618 S. Main Street Reidsville, NC 27320 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Annie Penn Memorial Hospital CEO Aggregate Year-to-Date $ 100.00	3-2-93	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald C. Hiscott 3690 Kale Drive Lumberton, NC 28358 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southeastern General President Aggregate Year-to-Date $ 100.00	3-2-93	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
G. Michael Girone 3400 Wake Forest Road Raleigh, NC 27611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HCA Raleigh Community Hospital President / CEO Aggregate Year-to-Date $ 100.00	3-2-93	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dave C. McRae 303 Williamsburg Drive Greenville, NC 27858 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Pitt County Memorial Hospital President Aggregate Year-to-Date $ 100.00	3-2-93	100.00

SUBTOTAL of Receipts This Page (optional) 660.00

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

93030331

SCHEDULE A **ITEMIZED RECEIPTS**

**all contributions $50 and over are itemized

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

PAGE 2 OF 6

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE-Federal (HOSPAC-Federal)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. G. John Coli 314 Town Mountain Road Asheville, NC 28804 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	St. Joseph's Health Services Occupation: President / COO Aggregate Year-to-Date: $ 60.00	3-24-93	60.00
B. James R. Parks 206 Belwood Street Belmont, NC 28012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gaston Memorial Hospital Occupation: Healthcare Administrator Aggregate Year-to-Date: $ 60.00	3-24-93	60.00
C. James M. Freeman 370 Mainsail Drive Salisbury, NC 28146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rowan Memorial Hospital Occupation: Executive Director Aggregate Year-to-Date: $ 60.00	3-24-93	60.00
D. Christopher T. Durrer 1705 S. Tarboro Street Wilson, NC 27893 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wilson Memorial Hospital Occupation: President Aggregate Year-to-Date: $ 100.00	3-24-93 6-15-93	60.00 40.00
E. Robert L. Wall 767 Williamsburg Drive Concord, NC 28025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cabarrus Memorial Hospital Occupation: Hospital Administrator Aggregate Year-to-Date: $ 100.00	3-25-93	100.00
F. Duncan Yaggy Box 3708, Duke University Medical Cntr. Durham, NC 27710 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Duke University Medical Center Occupation: Chief Planning Officer Aggregate Year-to-Date: $ 100.00	3-25-93	100.00
G. Beverley McCauley P.O. Box 52237 Durham, NC 27717 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	none Occupation: Aggregate Year-to-Date: $ 100.00	3-25-93	100.00

SUBTOTAL of Receipts This Page (optional)	580.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

**all contributions $50 and over are itemized

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

PAGE 3 OF 6

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE-Federal (HOSPAC-Federal)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. C. Edward McCauley P.O. Box 80428 Raleigh, NC 27623-0428 Receipt For: Primary / General / Other (specify):	North Carolina Hospital Association Occupation: President Aggregate Year-to-Date $ 100.00	3-25-93	100.00
B. C. Curtis Copenhaver 1909 Three Lakes Drive Shelby, NC 28150 Receipt For: Primary / General / Other (specify):	Cleveland Memorial Hospital Occupation: Administrator Aggregate Year-to-Date $ 60.00	3-30-93	60.00
C. Thomas J. DeMartini 15 Beaverdam Court Asheville, NC 28804 Receipt For: Primary / General / Other (specify):	National Medical Enterprises Occupation: Administrator Aggregate Year-to-Date $ 100.00	3-30-93	100.00
D. Richard G. Sparks Route 1, Box 528 Blowing Rock, NC 28605 Receipt For: Primary / General / Other (specify):	Watauga Medical Center Occupation: Administrator Aggregate Year-to-Date $ 60.00	4-8-93	60.00
E. Wayne F. Shovelin P.O. Box 1747 Gastonia, NC 28053 Receipt For: Primary / General / Other (specify):	Gaston Memorial Hospital Occupation: CEO Aggregate Year-to-Date $ 100.00	4-8-93	100.00
F. Len B. Preslar 4472 Bent Tree Farm Road Winston-Salem, NC 27106 Receipt For: Primary / General / Other (specify):	North Carolina Baptist Hospitals Occupation: President Aggregate Year-to-Date $ 60.00	4-8-93	60.00
G. J. Lewis Daniels 135 Sondley Parkway Asheville, NC 28805 Receipt For: Primary / General / Other (specify):	St. Joseph's Hospital Occupation: President / CEO Aggregate Year-to-Date $ 100.00	4-14-93	100.00

SUBTOTAL of Receipts This Page (optional) 580.00

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

SCHEDULE A **ITEMIZED RECEIPTS**

**all contributions $50 and over are itemized

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

PAGE 4 OF 6

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE-Federal (HOSPAC-Federal)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mike Stevenson 2002 US Hwy 64 East Murphy, NC 28906 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Murphy Medical Center Occupation: CEO Aggregate Year-to-Date > $ 50.00	4-14-93	50.00
B. M. E. Gilstrap 214 Dunshill Roanoke Rapids, NC 27870 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Halifax Memorial Hospital Occupation: Administrator Aggregate Year-to-Date > $ 100.00	4-16-93	100.00
C. Ronald E. Hoy 100 Fernworth Court Clemmons, NC 27012 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carolina Medicorp, Inc. Occupation: Financial Manager Aggregate Year-to-Date > $ 60.00	4-26-93	60.00
D. Gregory C. Wood 2806 Woodwinds Lane Laurinburg, NC 28352 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Scotland Memorial Hospital Occupation: CEO Aggregate Year-to-Date > $ 60.00	4-30-93	60.00
E. Paul F. Betzold P.O. Box 33549 Charlotte, NC 28204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Presbyterian Hospital Occupation: President / CEO Aggregate Year-to-Date > $ 100.00	4-30-93	100.00
F. Kenneth E. Ragland 628 E. 12th Street Washington, NC 27889 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Beaufort County Hospital Occupation: CEO Aggregate Year-to-Date > $ 120.00	5-4-93	120.00
G. Joseph L. Soto 6601 Sedgewood Road Wilmington, NC 28403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cape Fear Memorial Hospital Occupation: President Aggregate Year-to-Date > $ 100.00	5-18-93	100.00

SUBTOTAL of Receipts This Page (optional)	590.00
TOTAL This Period (last page this line number only)	

93038503304

SCHEDULE A ITEMIZED RECEIPTS

**all contributions $50 and over are itemized

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

PAGE 5 OF 6

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE-Federal (HOSPAC-Federal)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Paul G. Sherwood P.O. Box 1089 Roanoke Rapids, NC 27870 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Halifax Memorial Hospital Occupation: Administrator Aggregate Year-to-Date > $ 100.00	5-20-93	100.00
B. Carla DuPuy 2601 Sedley Road Charlotte, NC 28211 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carolinas Medical Center Occupation: Director, Public Affairs Aggregate Year-to-Date > $ 100.00	5-20-93	100.00
C. S. Arnold Nunnery 410 Heathcote Road Statesville, NC 28677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Iredell Memorial Hospital Occupation: Hospital Administrator Aggregate Year-to-Date > $ 80.00	5-20-93	80.00
D. Richard E. Gillock 17 Village Drive Asheville, NC 28803 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Memorial Mission Medical Center Occupation: Administrator Aggregate Year-to-Date > $ 60.00	5-27-93	60.00
E. Thomas E. Ryan 425 Edinburgh Drive Burlington, NC 27215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alamance Health Services Occupation: President Aggregate Year-to-Date > $ 50.00	5-31-93	50.00
F. Robert E. Morrison 1735 Viewmont Court Asheboro, NC 27203 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Randolph Hospital Occupation: Administrator Aggregate Year-to-Date > $ 100.00	6-2-93	100.00
G. Philip S. LaKernick Route 9, 10 Ber-Lake Road Henderson, NC 27536 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Maria Parham Hospital Occupation: President / CEO Aggregate Year-to-Date > $ 50.00	6-8-93	50.00

SUBTOTAL of Receipts This Page (optional) 540.00

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

9 3 0 3 8 5 0 5 3 3 5

SCHEDULE A **ITEMIZED RECEIPTS**

**all contributions $50 and over are itemized

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

PAGE 6 OF 6

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

NORTH CAROLINA HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE-Federal (HOSPAC-Federal)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John R. Willis 5708 Winthrop Drive Raleigh, NC 27612 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Rex Hospital Occupation: Administrator Aggregate Year-to-Date $ 80.00	6-24-93	80.00
B. Frederick L. Blair P.O. Box 427 Crossnore, NC 28616 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sloop Memorial Hospital Occupation: President Aggregate Year-to-Date $ 100.00	6-15-93	100.00
C. Ray C. Brees P.O. Box 1116 Brevard, NC 28712 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Transylvania Community Hospital Occupation: Administrator Aggregate Year-to-Date $ 100.00	6-3-93	100.00
D. Perry T. Jones P.O. Box 789 Thomasville, NC 27360 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Community General Hospital Occupation: President Aggregate Year-to-Date $ 60.00	6-3-93	60.00
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	340.00
TOTAL This Period (last page this line number only)	3,290.00

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 7-22-93
☐	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

llb.
PREPARER

7-26-93
DATE PREPARED

FEC FORM 70-2 (12/92)

23038503971