RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUN 24 10 05 AM '96

The Carpet and Rug Institute
P.O. Box 2048, Dalton, Georgia 30722 (706) 278-3176 FAX (706) 278-8835

June 21, 1996

Mr. Neil Evans
Federal Election Commission
Washington, DC 20463

Identification Number: C00298604

RE: Missing F.E.C. Reports

Dear Mr. Evans:

I am responding to a letter from the Federal Election Commission's Assistant Staff Director for the Reports Analysis Division, Mr. John D. Gibson concerning some missing reports. In this letter, you were named as the person to contact regarding this matter.

The following three reports were listed as having not been received by the Federal Election Commission:

- Mid-Year Report (01/01/95 - 06/30/95)
- Year-End Report (07/01/95 - 12/31/95)
- April Quarterly Report (01/01/96 - 03/31/96)

After some research, it appears that one of the reports, the Mid-Year (01/01/95 - 06/30/95) Report, should have been received. This report appears to have been submitted on, or around, July 26, 1995. I have included a copy of this report.

As for the other two reports, Year-End (07/01/95 - 12/31/95) and April Quarterly (01/01/96 - 03/31/96) Reports, it was my obvious MIS-understanding that reports were only filed for periods in which there was activity. The Carpet & Rug Institute's PAC is still a very young, fledgling PAC still struggling to establish itself. As a result, no contributions were collected between May 31, 1995 and March 31, 1996. Therefore, due to my misunderstanding of the filing requirements, no reports were sent. Please understand that it was not our intent to fail to fail to follow the requirements by not file these reports. It was simply a misunderstanding. Accordingly, I have completed and enclosed the Year-End (07/01/95 - 12/31/95) and April Quarterly (01/01/96 - 03/31/96) Reports.

Please forgive this over-sight. I can assure you that a through review of the regulations has been carried out and a clear understanding of the filing requirements now exists.

Furthermore, please forgive the delay in answering your inquiry. I have been out of the office quite a bit recently with a family member's illness.

I hope this helps to clear up this matter in a manner satisfactory to the Federal Election Commission. If you have any further questions, please do not hesitate to contact me.

Respectfully,

Jerry L. Hullander
Treasurer
The Carpet & Rug Institute Political Action Committee

Enclosures

/h

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**
**(Summary Page)**

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
JUN 24 10 09 AM '95

1. NAME OF COMMITTEE (in full)
The Carpet & Rug Institute Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
310 Holiday Avenue

CITY, STATE and ZIP CODE
Dalton, GA 30720

2. FEC IDENTIFICATION NUMBER
C00298604

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

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| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period 01/01/95 through 06/30/95 | | |
| 6. (a) Cash on Hand January 1, 1995 | | $ 12775.00 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 12775.00 | |
| (c) Total Receipts (from Line 19) | $ 4000.00 | $ 4000.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 16775.00 | $ 16775.00 |
| 7. Total Disbursements (from Line 30) | $ | $ |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 16775.00 | $ 16775.00 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | $ | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | $ | |

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: Jerry L. Hullander

Signature of Treasurer: Jerry L. Hullander

Date: 07/26/95

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)

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

(revised 1/1/01)

NAME OF COMMITTEE: The Cooper & Ray Institute Political Action Committee

REPORT COVERING PERIOD FROM 01/01/95 TO: 06/30/95

| | COLUMN A Total This Period | COLUMN B Calendar Year |
|---|---|---|
| **I. Receipts** | | |
| Contributions (other than loans) From: | | |
| a. Individual/Persons Other Than Political Committees | | |
| i. Itemized (use Schedule A) | 3500.00 | 3500.00 |
| ii. Unitemized | 500.00 | 500.00 |
| iii. Total (add i and ii) ➤ | 4000.00 | 4000.00 |
| b. Political Party Committees | | |
| c. Other Political Committees (such as PACs) | | |
| d. Total Contributions (add a iii, b and c) ➤ | 4000.00 | 4000.00 |
| Transfers From Affiliated/Other Party Committees | | |
| All Loans Received | | |
| Loan Repayments Received | | |
| Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | |
| Refunds of Contributions Made to Federal Candidates and Other Political Committees | | |
| Other Federal Receipts (Dividends, Interest, etc.) | | |
| Transfers from Nonfederal Account for Joint Activity | | |
| Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 4000.00 | 4000.00 |
| Total Federal Receipts (subtract line 18 from line 19) ➤ | 4000.00 | 4000.00 |
| **II. Disbursements** | | |
| 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) ➤ | | |
| Transfers to Affiliated/Other Party Committees | | |
| Contributions to Federal Candidates/Committees and Other Political Committees | | |
| Independent Expenditures (use Schedule E) | | |
| Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | |
| Loan Repayments Made | | |
| Loans Made | | |
| 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) ➤ | | |
| Other Disbursements | | |
| Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | | |
| Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | | |
| **III. Net Contributions/Operating Expenditures** | | |
| Total Contributions (other than loans)(from line 11d) | 4000.00 | 4000.00 |
| Total Contribution Refunds (from line 22d) | | |
| Net Contributions (other than loans)(subtract line 33 from 32) | 4000.00 | 4000.00 |
| Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | | |
| Offsets to Operating Expenditures (from line 15) | | |
| Net Operating Expenditures (subtract line 36 from 35) ➤ | | |

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EDULE A

# ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11a.i.

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 poses, other than using the name and address of any political committee to solicit contributions from such committee.

AME OF COMMITTEE (in Full)

The Carpet and Rug Institute Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| V.D. Bell<br>P.O. Drawer 2128<br>Dalton, GA 30722-2128 | Shaw Industries | 01/03/95 | 500.00 |
| Receipt For: ☐ Primary ☐ General ☒ Other (specify): Initial PAC Setup | Occupation: V.P. - Marketing<br>Aggregate Year-to-Date > $ 500.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| David L. Kolb<br>1755 The Exchange<br>Atlanta, GA 30339 | Mohawk Industries | 01/10/95 | 1000.00 |
| Receipt For: ☐ Primary ☐ General ☒ Other (specify): Initial PAC Setup | Occupation: President + CEO<br>Aggregate Year-to-Date > $ 1000.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| John D. Swift<br>1755 The Exchange<br>Atlanta, GA 30339 | Mohawk Industries | 01/19/95 | 500.00 |
| Receipt For: ☐ Primary ☐ General ☒ Other (specify): Initial PAC Setup | Occupation: Treasurer<br>Aggregate Year-to-Date > $ 500.00 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Shirley Lorberbaum<br>P.O. Box 2208<br>Dalton, GA 30722-2208 | Aladdin Mills | 02/23/95 | 500.00 |
| Receipt For: ☐ Primary ☐ General ☒ Other (specify): Initial PAC Setup | Occupation: Corp. Sec.<br>Aggregate Year-to-Date > $ 500.00 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Thomas Durkin<br>1811 Oakmont Dr.<br>Dalton, GA 30720 | Durkin Patterned Cpt. | 05/17/95 | 1000.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Occupation: President<br>Aggregate Year-to-Date > $ 1000.00 | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | 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 |
| | Occupation | | |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Aggregate Year-to-Date > $ | | |

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BTOTAL of Receipts This Page (optional) > 3500.00

TAL This Period (last page this line number only) > 3500.00

EDULE A

# ITEMIZED RECEIPTS

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

PAGE OF

FOR LINE NUMBER

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 poses, other than using the name and address of any political committee to solicit contributions from such committee.

AME OF COMMITTEE (In Full)

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| B. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| C. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| D. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| E. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |

BTOTAL of Receipts This Page (optional) .....

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

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| HEDULE B | ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the Detailed Summary Page | PAGE OF |
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| | | | FOR LINE NUMBER |

y 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 rposes, other than using the name and address of any political committee to solicit contributions from such committee.

IAME OF COMMITTEE (In Full)

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>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<br>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<br>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<br>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<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

BSUBTOTAL of Disbursements This Page (optional) .....

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

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**EDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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**AME OF COMMITTEE (In Full)**

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>Disbursement for: ☐ Primary ☐ General<br>☐ 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) .....

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

# LOANS

Page ____of____for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (In Full)

| 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 |
|---|---|---|---|
| Election: Primary General Other (specify): | | | |

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) Secured

List All Endorsers or Guarantors (if any) to Item A

| | | |
|---|---|---|
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |

COPY

| B. 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 |
|---|---|---|---|
| Election: Primary General Other (specify): | | | |

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) Secured

List All Endorsers or Guarantors (if any) to Item B

| | | |
|---|---|---|
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |

| | |
|---|---|
| SUBTOTALS This Period This Page (optional) | |
| TOTALS This Period (last page in this line only) | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

# LOANS

Page _____of_____for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (in full)

| 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 |
|---|---|---|---|
| Election: Primary General Other (specify): | | | |

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) Secured

List All Endorsers or Guarantors (if any) to Item A

| | | |
|---|---|---|
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |

COPY

| B. 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 |
|---|---|---|---|
| Election: Primary General Other (specify): | | | |

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) Secured

List All Endorsers or Guarantors (if any) to Item B

| | | |
|---|---|---|
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer<br>Occupation<br>Amount Guaranteed Outstanding: $ | |

| | |
|---|---|
| SUBTOTALS This Period This Page (optional) | |
| TOTALS This Period (last page in this line only) | |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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

# DEBTS AND OBLIGATIONS
## Excluding Loans

Page ____of____for
LINE NUMBER _____
(Use separate schedules for each numbered line)

| Name of Committee (In Full) | 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 | | | | |
| 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) | | | | |
| 2) TOTALS This Period (last page in this line only) | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | | | | |

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

# DEBTS AND OBLIGATIONS
## Excluding Loans

Page ____of____for
LINE NUMBER _____
(Use separate schedules for each numbered line)

| Name of Committee (in Full) | 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 | | | | |
| 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) | | | | |
| 2) TOTALS This Period (last page in this line only) | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | | | | |

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SCHEDULE E

# ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page _____ of _____ Pages

Name of Committee (In Full)

| Full Name, Mailing Address & ZIP Code of Each Payee | Purpose of Expenditure | Date (month, day, year) | Amount | Name of Federal Candidate supported or opposed by the expenditure & office sought |
|---|---|---|---|---|
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ _____

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $ _____

(c) TOTAL Independent Expenditures ..... $ _____

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Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 19_____

My Commission expires:

_____ NOTARY PUBLIC

**SCHEDULE F**

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

Page ____ of ____ for
LINE NUMBER ____

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

Name of Political Committee (In Full)

Has your Committee been designated to make coordinated expenditures by a political party committee? ☐ YES ☐ NO
If YES, name the designating committee:

Full Name, Mailing Address and ZIP Code of Subordinate Committee

| 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—$ | | | |

SUBTOTAL of Expenditures This Page (optional) _____

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

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SCHEDULE H1
(Revised 5/93)

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

NAME OF COMMITTEE

## NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... %

☐ PRESIDENTIAL YEAR (65%)

☐ ALL OTHER YEARS (60%)

## HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... %

*OR*

☐ FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

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 ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

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## 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 | ☐ (1 POINT) | |
| 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 ..... %

SCHEDULE H2
(effective 1/1/91)

# ALLOCATION RATIOS

| PAGE | OF |
|---|---|

NAME OF COMMITTEE

**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.

| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
|---|---|---|
| ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED | | |

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ECEIPT SCHEDULE H3
Effective 1/1/91)

# TRANSFERS FROM NON-FEDERAL ACCOUNTS

| PAGE | OF |
|---|---|
| FOR LINE 18 | |

| NAME OF COMMITTEE | TOTAL AMOUNT TRANSFERRED |
|---|---|
| | |

| NAME OF ACCOUNT | DATE OF RECEIPT | $ |
|---|---|---|
| | | |

| | BREAKDOWN OF TRANSFER RECEIVED | | | |
|---|---|---|---|---|
| | ADMIN./VOTER DRIVE AMOUNT | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT | |
| Total Administrative/Voter Drive | | | | |
| Direct Fundraising (List Events-Amount for Each) | | | | |
| a) | | | | |
| b) | | | | |
| c) | | | | |
| d) | | | | |
| e) Total Amount Transferred For Direct Fundraising | | | | |
| 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 | $ |
|---|---|---|
| | | |

| | BREAKDOWN OF TRANSFER RECEIVED | | | |
|---|---|---|---|---|
| | ADMIN./VOTER DRIVE AMOUNT | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT | |
| Total Administrative/Voter Drive | | | | |
| Direct Fundraising (List Events-Amount for Each) | | | | |
| a) | | | | |
| b) | | | | |
| c) | | | | |
| d) | | | | |
| e) Total Amount Transferred For Direct Fundraising | | | | |
| 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/DCS | |
| SUBTOTAL THIS PAGE | | | | |
| TOTAL THIS PERIOD | | | | |

ISBURSEMENT SCHEDULE H4
ffective 1/1/91)

# JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

| PAGE | OF |
|---|---|

## DISBURSEMENT SCHEDULE B-T

FOR LINE 21a

NAME OF COMMITTEE

| A. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
|---|---|---|---|---|---|
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT<br>EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT | | | | | |
| B. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT<br>EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT | | | | | |
| C. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT<br>EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT | | | | | |
| D. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT<br>EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT | | | | | |
| E. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT<br>EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT | | | | | |
| F. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT<br>EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT | | | | | |
| SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE | | | | | |
| TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a.i and non-Fed. share to 21 a.ii) | | | | | |
| TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) | | | | | |

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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 6-24-96 |
| ☐ | 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 and/or DATE OF RECEIPT |

SLS

PREPARER

6-24-96

DATE PREPARED

FEC FORM 70-2 (12/92)