REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

AUG 21 8 44 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Chiropractic Assn - PAC

ADDRESS (number and street) ☐ Check if different than previously reported
1701 Clarendon Boulevard

CITY, STATE and ZIP CODE
Arlington, VA 22209

2. FEC IDENTIFICATION NUMBER
C00102764

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 07/01/96 through 07/31/96		
6. (a) Cash on Hand January 1, 19 96		$ 114,239.86
(b) Cash on Hand at Beginning of Reporting Period	$ 100,851.92	
(c) Total Receipts (from Line 19)	$ 11,256.84	$ 130,868.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 112,108.76	$ 245,108.76
7. Total Disbursements (from Line 30)	$ 14,500.00	$ 147,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 97,608.76	$ 97,608.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 2,046.50	
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
James D. Edwards

Signature of Treasurer
James D Edwards DC

Date
8/15/96

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 1/1/91)

NAME OF COMMITTEE: American Chiropractic Assn - PAC

REPORT COVERING PERIOD FROM 07/01/96 TO 07/31/96

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)	6,236.34	53,669.67
ii. Unitemized	5,020.50	77,199.23
iii. Total (add i and ii) ➤	11,256.84	130,868.90
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a iii, b and c) ➤	11,256.84	130,868.90
12. Transfers From Affiliated/Other Party Committees	-0-	-0-
13. All Loans Received	-0-	-0-
14. Loan Repayments Received	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	11,256.84	130,868.90
20. Total Federal Receipts (subtract line 18 from line 19) ➤	11,256.84	130,868.90
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-0-	-0-
ii. Non-Federal Share	-0-	-0-
b. Other Federal Operating Expenditures	-0-	93,000.00
c. Total Operating Expenditures (Add a i, a ii, and b)) ➤	-0-	93,000.00
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	14,500.00	54,500.00
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26. Loan Repayments Made	-0-	-0-
27. Loans Made	-0-	-0-
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	-0-	-0-
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contribution Refunds (Add a, b and c) ➤	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	14,500.00	147,500.00
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	14,500.00	147,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	11,256.84	130,868.90
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	11,256.84	130,868.90
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	93,000.00
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	93,000.00

SCHEDULE A ITEMIZED RECEIPTS

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

For Line Number 11a (i)

Contributions from Individuals

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 for such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Howard M Abens 827 Main St Osage, IA 50461-1448 Receipt for: | | Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 375.00	07/25/96	125.00
Jess L Askeroth 5660 W Flamingo #A Las Vegas, NV 89103-2311 Receipt for: | | Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 250.00	07/25/96	125.00
G Steven Baer 2050 Cincinnati-Dayton Middletown, OH 45044-8917 Receipt for: | | Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 250.00	07/18/96	250.00
Barry L Bender 2019 Brundage Lane Bakersfield, CA 93304-2850 Receipt for: | | Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 400.00	07/18/96	200.00
Ian J Boehm 200 Western Ave Lynn, MA 01904-2739 Receipt for: | | Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 1503.00	07/18/96	1253.00
Stephen Canner 3330 Hickory Blvd Hudson, NC 28638-9661 Receipt for: | | Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 250.00	07/18/96	250.00

SUBTOTAL of Receipts This Page (optional)----------> 2203.00

TOTAL This Period(last page this line number only)----> 2203.00

SCHEDULE A ITEMIZED RECEIPTS

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

Contributions from Individuals

For Line Number 11a (i)

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Richard Cohen 676 Wyoming Avenue Kingston, PA 18704-3857 Receipt for: | | Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 625.00	07/18/96	125.00
Robert E Dahl 2717 N Fourth St Flagstaff, AZ 86004-1813 Receipt for: | | Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 250.00	07/18/96	250.00
Louis T Di Stasio 716 S 2nd St Springfield, IL 62704-2516 Receipt for: | | Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 500.00	07/18/96	250.00
Robert Downing PO Box 53513 Fayetteville, NC 28305-3513 Receipt for: | | Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 250.00	07/18/96	187.50
Richard W Fletcher 1245 Yale Houston, TX 77008-6959 Receipt for: | | Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 275.00	07/25/96	25.00
Christopher Frey Circle Chiro Center 9526 B Lee Highway Fairfax, VA 22031 Receipt for: | | Primary | | General | | Other (specify)	self chiropractor Aggregate Year To Date> $ 300.00	07/25/96	50.00

SUBTOTAL of Receipts This Page (optional)----------> 887.50

TOTAL This Period(last page this line number only)----> 3090.50

SCHEDULE A ITEMIZED RECEIPTS

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

For Line Number 11a (i)

Contributions from individuals

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Sharon H Garvey 440 Sherwood Rd La Grange Park, IL 60525-1968	self chiropractor	07/18/96	50.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 250.00		
Ira L Gluck 5667 E Grant Rd Tucson, AZ 85712-2211	self chiropractor	07/18/96	125.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 250.00		
Kenneth W Harling Elm Park Chiropractic 124 Russell Street Worcester, MA 01609-1910	self chiropractor	07/18/96	37.50
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 275.00		
Larry D Hirschy 801 Linden Ave Chariton, IA 50049-1635	self chiropractor	07/18/96	125.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 375.00		
Brent A Johns 325 W Broadway Maryville, TN 37801-4707	self chiropractor	07/18/96	375.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 500.00		
Robert A L'Europa 1536 Cranston St Cranston, RI 02920-5264	self chiropractor	07/25/96	125.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 250.00		

SUBTOTAL of Receipts This Page (optional)----------> 837.50

TOTAL This Period(last page this line number only)---> 3928.00

SCHEDULE A ITEMIZED RECEIPTS

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

For Line Number 11a (i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Arthur G Lensgraf 3827 Cleghorn Avenue Nashville, TN 37215-2507	self chiropractor	07/25/96	250.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 250.00		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
David J Lomberdi La Salle Chiropractic Clin6679 Smith St Providence, RI 02906-2741	self chiropractor	07/18/96	125.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 750.00		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
William F Madosky 2175 S Big Bend Blvd St Louis, MO 63117-2405	self chiropractor	07/18/96	150.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 300.00		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Van D Merices 15608 Michigan Avenue Dearborn, MI 48126-2902	self chiropractor	07/18/96	250.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 271.80		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Santo R Sampino 279 Chase Avenue Waterbury, CT 06704-2236	self chiropractor	07/18/96	250.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 250.00		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
James J Santiago 132 Van Buren Street Newark, NJ 07105-2721	self chiropractor	07/25/96	125.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 250.00		

SUBTOTAL of Receipts This Page (optional)———> 1150.00

TOTAL This Period(last page this line number only)——> 5078.00

SCHEDULE A ITEMIZED RECEIPTS

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

For Line Number 11a (i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Mark A Schlobohm 383 Central Ave New Providence, NJ 07974-2323	self chiropractor	07/18/96	125.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 350.00		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Richard Skiersch 5261 N Central Ave Chicago, IL 60630-4656	self chiropractor	07/18/96	100.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 400.00		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Edwin L St John 113 East Jackson West Unity, OH 43570	self chiropractor	07/18/96	83.34
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 500.00		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Daniel R Staight 223 S Kenwood Casper, WY 82601-3030	self chiropractor	07/25/96	100.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 266.68		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
Richard A Weinstein 820 Bay Ave Suite 206 Capitola, CA 95010-2102	self chiropractor	07/25/96	125.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 250.00		
Full Name, Mailing Address & Zip Code	Name of Employer / Occupation	Date(month day, year)	Amount of Each Receipt this period
J Calvin Wenger 1516 Lititz Pike Lancaster, PA 17601-6506	self chiropractor	07/18/96	125.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 250.00		

SUBTOTAL of Receipts This Page (optional)———> 658.34

TOTAL This Period(last page this line number only)——> 5736.34

SCHEDULE A ITEMIZED RECEIPTS

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

For Line Number 11a (i)

Contributions from Individuals

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NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address & Zip Code	Name of Employer	Date(month day, year)	Amount of Each Receipt this period
Jerry R Willis 570 East Main Wytheville, VA 24382-2033	self Occupation chiropractor	07/18/96	250.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 500.00		

Full Name, Mailing Address & Zip Code	Name of Employer	Date(month day, year)	Amount of Each Receipt this period
Thomas D Wolf 1408-C Lexington Avenue Mansfield, OH 44907-2254	self Occupation chiropractor	07/18/96	250.00
Receipt for: | | Primary | | General | | Other (specify)	Aggregate Year To Date> $ 250.00		

SUBTOTAL of Receipts This Page (optional)----------> 500.00

TOTAL This Period(last page this line number only)---> 8236.34

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Assn - PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Morwood for Congress P.O. Box 499 Evans, GA 30809	1996-House-R-GA510 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/3/96	5000.00
B. Pat Roberts for Senate P.O. Box 4049 Topeka, KS 66604-0049	1996-Senate-R-KS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/3/96	1000.00
C. Furse for Congress P.O. Box 1688 Hillsboro, OR 97123	1996-House-D-OR-01 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/9/96	500.00
D. Jane Swift for Congress Comm. 5 North Street P.O. Box 551 Pittsfield, MA 01202	1996-House-R-MA-01 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/9/96	500.00
E. Dupwe for Congress P.O. Box 9364 Jonesboro, AR 72403	1996-House-R-AR-01 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/12/96	500.00
F. Harold Ford Jr. for Congress 1470 Monroe Memphis, TN 38104	1996-House-D-TN-09 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/12/96	2000.00
G. Kevin Quigley for Congress 1029 Springbrook Road Lake Stevens, WA 98258	1996-House-D-WA-02 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/15/96	500.00
H. Citizens for Arlen Specter 900 Second Street, N.E. Suite 306 Washington, D.C. 20002	1996-Senate-R-PA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/17/96	1000.00
I. Faith, Family & Freedom PAC C/O Elizabeth Montgomery 2418 Davis Avenue Alexandria, VA 22302	1996 PAC to PAC Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/24/96	1000.00

SUBTOTAL of Disbursements This Page (optional) 12000.00

TOTAL This Period (last page this line number only) 12000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

American Chiropractic Assn - PAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code House Majortiy Party 12329 Needle Pine Terrace Silver Spring, MD 20904	1996 PAC to PAC Disbursement for: [ ] Primary [ ] General [X] Other (specify)	7/25/96	1000.00
B. Full Name, Mailing Address and ZIP Code Friends of Bob Kilbanks P.O. Box 707 Bethlehem, PA 18016	1996-House-R-PA-15 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/30/96	500.00
C. Full Name, Mailing Address and ZIP Code Bill Martini for Congress 1064 Pompton Avenue Cedar Grove, NJ 08009	1996-House-R-NJ-08 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/30/96	1000.00
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) 2500.00

TOTAL This Period (last page this line number only) 14500.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for LINE NUMBER 9
(Use separate schedules for each numbered line)

Name of Committee (In Full) American Chiropractic Assn - PAC	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 Friends of Jim Moody 135 West Wells Suite #400 Milaukee, WI 53203	$2,046.50	-0-	-0-	$2,046.50
Nature of Debt (Purpose): (1992) Unused General Election Contribution				
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)				$2,046.50
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				-0-
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				$2,046.50

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 8/19/96
☐	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

JMH

PREPARER

8/21/96

DATE PREPARED

FEC FORM 70-2 (12/92)