

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

1. NAME OF COMMITTEE (in full) Management & Training Corporation	
Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P. O. Box 9935	
CITY, STATE AND ZIP CODE Ogden, Utah 84409	

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

2. FEC IDENTIFICATION NUMBER C00208322	3. <input type="checkbox"/> This committee has qualified as a multiscandidate 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

Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

election on \_\_\_\_\_ in the State of \_\_\_\_\_

(Type of Election) \_\_\_\_\_

Twelfth day report preceding \_\_\_\_\_

Monthly Report Due On:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

(b)  YES  NO Is this Report an Amendment?

SUMMARY		5. Covering Period
(a)	Cash on Hand at Beginning of Reporting Period	7/1/93 through 12/31/93
(b)	Cash on Hand at Beginning of Reporting Period	
(c)	Total Receipts (from Line 19)	\$ 1,898.13
(d)	Subtotal (add Lines 6(b) and 8(c) for Column A and Lines 6(a) and 8(c) for Column B)	\$ 6,330.58
7.	Total Disbursements (from Line 8D)	\$ 2,222.28
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4,108.30
9.	Debits and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ --
10.	Debits and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ --

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 Howard S. Sorensen	
Signature of Treasurer <i>Howard S. Sorensen</i>		Date 8/30/94	
Federal Election Commission 999 E Street, NW Washington, DC 20543 Tel Fax 800-424-9530 Local 202-218-9420		For further information contact	

9 4 0 3 2 1 0 1 4 5 1



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
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)

Management & Training Corporation Political Action Committee

A. Full Name, Mailing Address and ZIP Code Hatch Election Committee 4227 Fern Drive Ogden, UT 84403	Purpose of Disbursement Otlin G. Hatch R-UT	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Date (month, day, year) 8/10/93	Amount of Each Disbursement This Period 2,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ Date (month, day, year)	Amount of Each Disbursement This Period

TOTAL This Period (last page this line number only)

2,000

SUBTOTAL of Disbursements (This Page (optional))

9 2 0 3 9 2 0 : 4 5 3

<p><b>Federal Election Commission</b>  <b>ENVELOPE REPLACEMENT PAGE</b>  <b>FOR INCOMING DOCUMENTS</b></p> <p>The Commission has added this page to the end of this filing to indicate how it was received.</p>	
<p>DATE OF RECEIPT</p>	<p>Hand Delivered <input type="checkbox"/></p>
<p>POSTMARKED</p>	<p>First Class Mail <input checked="" type="checkbox"/></p>
<p>POSTMARKED</p>	<p>Registered/Certified Mail <input type="checkbox"/></p>
<p>DATE OF RECEIPT</p>	<p>No Postmark <input type="checkbox"/></p>
<p>DATE OF RECEIPT</p>	<p>Postmark Illegible <input type="checkbox"/></p>
<p>DATE OF RECEIPT</p>	<p>Received from the House Office of Records and Registration <input type="checkbox"/></p>
<p>DATE OF RECEIPT</p>	<p>Received from the Senate Office of Public Records <input type="checkbox"/></p>
<p>POSTMARKED</p>	<p>Other (Specify): <input type="checkbox"/></p>
<p>DATE OF RECEIPT</p>	<p>PREPARER</p>
<p>DATE PREPARED</p>	<p>9-2-94</p>

9 4 0 3 9 2 0 1 4 5 4