# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

American Physical Therapy Congressional Action Committee

DEC 23 12 11 PM '93

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

1111 N. Fairfax Street

CITY, STATE and ZIP CODE

Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER

C 00012880

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 11/01/93 through 11/30/93 | | |
| 6. (a) Cash on Hand January 1, 19 93 | | $ 43,257.43 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 21,470.52 | |
| (c) Total Receipts (from Line 19) | $ 12,140.00 | $ 84,101.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 33,610.52 | $ 127,358.43 |
| 7. Total Disbursements (from Line 30) | $ 9,600.00 | $ 103,347.91 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 24,010.52 | $ 24,010.52 |
| 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 R. Charles Harker

Signature of Treasurer R. Charles Harker

Date 12/17/93

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)

2 3 3 8 7 3 5 4 3 0

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

(revised 1/1/93)

NAME OF COMMITTEE: American Physical Therapy Congressional Action Committee

REPORT COVERING PERIOD FROM 11/01/93 TO: 12/01/93

| | 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) | 5,195.00 | 39,360.00 |
| ii. Unitemized | 6,945.00 | 44,741.00 |
| iii. Total (add i and ii) ➤ | 12,140.00 | 84,101.00 |
| b. Political Party Committees | | |
| c. Other Political Committees (such as PACs) | | |
| d. Total Contributions (add a iii, b and c) ➤ | 12,140.00 | 84,101.00 |
| 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.) | 0 | 0 |
| 18. Transfers from Nonfederal Account for Joint Activity | | |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 12,140.00 | 84,101.00 |
| 20. Total Federal Receipts (subtract line 16 from line 19) ➤ | 12,140.00 | 84,101.00 |
| **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 | 0 | 0 |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | 0 | 0 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 9,600.00 | 103,347.91 |
| 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) ➤ | 9,600.00 | 103,347.91 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 9,600.00 | 103,347.91 |
| **III. Net Contributions/Operating Expenditures** | | |
| 32. Total Contributions (other than loans)(from line 11d) | 12,140.00 | 84,101.00 |
| 33. Total Contribution Refunds (from line 28d) | | |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 12,140.00 | 84,101.00 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | -0- | -0- |
| 36. Offsets to Operating Expenditures (from line 15) | | |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | -0- | -0- |

SCHEDULE A

# ITEMIZED RECEIPTS

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



FOR LINE NUMBER 11(a)(i)

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 Physical Therapy Congressional Action Committee

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Ernest Burch<br>Burch, Rhoads, & Loomis<br>6305 York Rd., Suite 203<br>Baltimore, MD 21212-2637<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Burch, Rhoads, & Loomis<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ 370.00 | 11/16/93 | 120.00 |
| B. Jay Burr<br>13911 North 84th Street<br>Omaha, NE 68122-1928<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ 550.00 | 11/16/93 | 500.00 |
| C. Bonnie Cardenas<br>11134 Ventura Blvd.<br>Studio City, CA 91604-3133<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ 400.00 | 11/16/93 | 100.00 |
| D. Jack Close<br>Fountain Park Physical Therpay<br>3650 S. Eastern, Suite 100<br>Las Vegas, NV 89109-3345<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Fountain Park Physical Therapy<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ 745.00 | 11/16/93 | 120.00 |
| E. Cynthia Driskell<br>Foothills Physical Therapy<br>PO Box 530<br>Cave Creek, AZ 85331-0538<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Foothills Physical Therapy<br>Occupation: Physical Therapy<br>Aggregate Year-to-Date > $ 300.00 | 11/04/93 | 100.00 |
| F. Pamela Duffy<br>2833 J Avenue<br>Adel, IA 50003-8260<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ 560.00 | 11/16/93 | 60.00 |
| G. Michael Fortanasce<br>671 Naomi Ave.<br>Arcadia, CA 91007-7502<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ 560.00 | 11/16/93 | 60.00 |

SUBTOTAL of Receipts This Page (optional) ..... 1,060.00

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

93030714212

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 2 OF 4

FOR LINE NUMBER 11(a)(i)

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 Physical Therapy Congressional Action Committee

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Mitzi Gerard<br>420 East 72nd Street Apt. 26<br>New York, NY 10021-4615<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ | 11/24/93<br>200.00 | 200.00 |
| B. Jay Goodfarb<br>110 East San Miguel<br>Phoenix, AZ 85012-1339<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ | 11/16/93<br>560.00 | 500.00 |
| C. Judy Hershberg<br>241 Perkins St., B#702<br>Boston, MA 02130<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ | 11/16/93<br>240.00 | 60.00 |
| D. Robert Huhn<br>411 W. Pueblo Street<br>Santa Barbara, CA 93105-4227<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ | 11/16/93<br>500.00 | 500.00 |
| E. Patricia Jakobi<br>22460 Smiley Ct.<br>Saugus, CA 91350-1356<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ | 11/16/93<br>200.00 | 100.00 |
| F. Theron Jernigan, Jr.<br>Jernigan Rehabilitation Services<br>7025 Central Avenue<br>St. Petersburg, FL 33710-7559<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Jernigan Rehab Services<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ | 11/24/93<br>200.00 | 200.00 |
| G. Coren Johnson<br>328 South Stillagaumish<br>Arlington, WA 98223-1660<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ | 11/04/93<br>260.00 | 260.00 |

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) | 1,820.00 |
| TOTAL This Period (last page this line number only) | |

93038705483

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 3 OF 4

FOR LINE NUMBER 11(a)(i)

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 Physical Therapy Congressinal Action Committtee

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Linda King<br>2700 N. Oak Street<br>Valdosta, GA 31602-1703<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>Occupation: Physical Therapy<br>Aggregate Year-to-Date > $ 560.00 | 11/04/93 | 60.00 |
| B. Jerry Klug<br>AL Physical Rehab Service<br>1475 1st Avenue, SW<br>Jacksonville, AL 36265-3337<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Al Physical Therapy<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ 550.00 | 11/16/93 | 50.00 |
| C. Joe McFarlane<br>2806 Del Ray Circle<br>Midwest City, OK 73110-6914<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>Occupation: Physcial Therapist<br>Aggregate Year-to-Date > $ 255.00 | 11/16/93 | 255.00 |
| D. Greg Miller<br>Apt. 204<br>600 Nokomis Ave. S.<br>Venice, FL 34285-3209<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ 200.00 | 11/04/93 | 100.00 |
| E. Patricia Muchmore<br>9047 Otis Beach Rd. NE<br>Olympia, WA 98516-9539<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ 500.00 | 11/16/93 | 500.00 |
| F. Lynda Mules<br>9716 Robert Jay Way<br>Ellicott City, MD 21042-1778<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ 250.00 | 11/16/93 | 250.00 |
| G. Kay Scanlon<br>7901 Bustleton Ave., Suite 206<br>Philadelphia, PA 19152-3302<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | self-employed<br>Occupation: Physical Therapist<br>Aggregate Year-to-Date > $ 200.00 | 11/24/93 | 100.00 |

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) | 1,315.00 |
| TOTAL This Period (last page this line number only) | |

93038705484

**SCHEDULE A** **ITEMIZED RECEIPTS**

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



FOR LINE NUMBER 11(a)(i)

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 Physical Therapy Congressional Action Committee

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Valerie sinkus-Professional Physical Therapy<br>9210 Colima Road, Apt. 205<br>Whittier, CA 90605-1812<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Professional Physical Therapy / Physical Therapist<br>Aggregate Year-to-Date $ 300.00 | 11/16/93 | 200.00 |
| B. J. Stephens<br>1316 S. Jefferson<br>Roanoke, VA 24016-4943<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Self employed / Physical Therapist<br>Aggregate Year-to-Date $ 500.00 | 11/16/93 | 500.00 |
| C. Peter Towne<br>447 Niles Road, Suite 10<br>Fairfield, OH 45014-2626<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Self employed / Physical therapist<br>Aggregate Year-to-Date $ 600.00 | 11/16/93 | 100.00 |
| D. George Walt<br>2249 East Ridge Road<br>McKeesport, PA 15135-3230<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Self employed / Physical therapist<br>Aggregate Year-to-Date $ 200.00 | 11/01/93 | 100.00 |
| E. Louise Yurko<br>218 Harbor Drive<br>Morehead City, NC 28557-8911<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Self Employed / Physical Therapist<br>Aggregate Year-to-Date $ 700.00 | 11/16/93 | 100.00 |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer / 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 / Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |

SUBTOTAL of Receipts This Page (optional) . . . . . 1,000.00

TOTAL This Period (last page this line number only) . . . . . 5,195.00

23387054370

**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 Physical Therapy Congressional Action Committee

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Inslee For Congress<br>104 N West Street<br>Alexandria, VA 22314 | Jay Inslee (H-WA-4th) 500<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 11/01/93 | 500.00 |
| B. Congressman Bob Clement Committee<br>PO Box 2884<br>Washington, DC 20013 | Bob Clement (H-TN-5th) 500<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 11/03/93 | 500.00 |
| C. Friends for Bryan<br>600 W Charleston Blvd Suite 118<br>Las Vegas, NV 89102 | Richard Bryan (S-NV) 2,000<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 11/03/93 | 2,000.00 |
| D. Hatch Election Committee<br>425 2nd Street NE<br>Washington, DC 20002 | Orrin Hatch (S-UT) 2,000<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 11/03/93 | 1,000.00 |
| E. Friends of Patrick Kennedy<br>301 S. Reynolds Street, Suite207<br>Alexandria, VA 22304 | Patrick Kennedy (H-RI-1st) 1,000<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 11/03/93 | 500.00 |
| F. Bill Brewster of Congress<br>PO Box 990<br>Washington, DC 20044 | Bill Brewster (H-OK-3rd) 1,600<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 11/03/93 | 100.00 |
| G. Friends of Newt Gingrich<br>1085 Holcomb Bridge Road<br>Suite 109A<br>Roswell, GA 30076 | Newt Gingrich (H-GA-6th) 500<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 11/03/93 | 500.00 |
| H. Sarpalius for Congress Committee<br>PO Box 8105<br>Wichita Falls, TX 76307 | Bill Sarpalius (H-TX-13th) 500<br>Disbursement for: [X] Primary [ ] General [ ] Other (specify) | 11/03/93 | 500.00 |
| I. Engel for Congress 1992 Debt Reduction<br>115 D Stree,t NE Suite 102<br>Washington, DC 20003 | Eliot Engel (H-NY-17th) 500<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) 1992 Debt | 11/03/93 | 500.00 |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | 6,100.00 |
| TOTAL This Period (last page this line number only) | |

23 0 3 7 0 5 4 3 6

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 2 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 Physical Therapy Congressional Action Committee

| Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|---|
| A. Chapman for Congress Committee<br>PO Box 2474<br>Washington, DC 20013 | Jim Chapman<br>(H-TX-1st) 500<br>Disbursement for: [x] Primary [ ] General [ ] Other (specify) | 11/03/93 | 500.00 |
| B. Mineta for Congress<br>PO Box 65873<br>Washington, DC 20035-5873 | Norman Mineta<br>(H-CA-15th) 1,000<br>Disbursement for: [x] Primary [ ] General [ ] Other (specify) | 11/17/93 | 1,000.00 |
| C. Scott for Congress Committee<br>PO Box 251<br>Newport News, VA 23607 | Robert Scott<br>(H-VA-3rd) 500<br>Disbursement for: [x] Primary [ ] General [ ] Other (specify) | 11/17/93 | 500.00 |
| D. Peterson for Congress<br>PO Box 2884<br>Washington, DC 20013 | Collin Peterson<br>(H-MN-7th) 500<br>Disbursement for: [x] Primary [ ] General [ ] Other (specify) | 11/17/93 | 500.00 |
| E. Lambert to Win<br>PO Box 118<br>Helena, AR 72342 | Blanche Lambert<br>(H-AR-1st) 500<br>Disbursement for: [x] Primary [ ] General [ ] Other (specify) | 11/17/93 | 500.00 |
| F. Tom Sawyer Committee<br>PO Box 2884<br>Washington, DC 20013 | Thomas Sawyer<br>(H-OH-14th) 500<br>Disbursement for: [x] Primary [ ] General [ ] Other (specify) | 11/17/93 | 500.00 |
| G. | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. | Purpose of Disbursement<br>Disbursement for: [ ] Primary [ ] General [ ] Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) ..... 3,500.00

TOTAL This Period (last page this line number only) ..... 9,600.00

23 M 08 10 94 27

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 12-20-93 |
| ☐ | 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 |

JMH
PREPARER

12-23-93
DATE PREPARED

FEC FORM 70-2 (12/92)

93038705483