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)

(AHMPAC)
AMERICAN HOTEL MOTEL POLITICAL ACTION COMMITTEE

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

1201 New York Avenue, N.W., Sixth Floor

CITY, STATE and ZIP CODE

Washington, DC 20005-3931

2. FEC IDENTIFICATION NUMBER

C00001198

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 July 1, 1993 through July 31, 1993		
6. (a) Cash on Hand January 1, 19 93		$ 11,869.74
(b) Cash on Hand at Beginning of Reporting Period	$ 12,244.92	
(c) Total Receipts (from Line 19)	$ 6,318.36	$ 33,722.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 18,563.28	$ 45,592.28
7. Total Disbursements (from Line 30)	$ 5,401.50	$ 32,430.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 13,161.78	$ 13,161.78
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 202-376-3120

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
Michael D. Gehrisch, Ass't. Secy./Treas.

Signature of Treasurer
Michael D. Gehrisch

Date
8-10-93

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)

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

(revised 1/1/91)

NAME OF COMMITTEE (AHMPAC)
American Hotel Motel Political Action Committee

REPORT COVERING PERIOD
FROM 7/1/93 TO: 7/31/93

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)	1,030	9,630
ii. Unitemized	5,262.50	23,882.50
iii. Total (add i and ii) ➤	6,292.50	33,512.50
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	6,292.50	33,512.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		74.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	25.86	136.04
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	6,318.36	33,722.54
20. Total Federal Receipts (subtract line 18 from line 19) ➤	6,318.36	33,722.54
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	1.50	32.50
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	1.50	32.50
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,400.00	31,950.00
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) ➤	0	100.00
29. Other Disbursements		348.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,401.50	32,430.50
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	5,401.50	32,430.50
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	6,292.50	33,512.50
33. Total Contribution Refunds (from line 28d)	0	100.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,292.50	33,412.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	1.50	32.50
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	1.50	32.50

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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 HOTEL MOTEL POLITICAL ACTION COMMITTEE (AHMPAC)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Crestar Bank 1445 New York Avenue, NW Washington, DC 20005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	7/31/93	$25.86
B. 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
C. 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
D. 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
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)	
TOTAL This Period (last page this line number only)	$25.86

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11.a.ii

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NAME OF COMMITTEE (in Full)

AMERICAN HOTEL MOTEL POLITICAL ACTION COMMITTEE (AHMPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. S. Jerome Rubin JR's Green Scene Restaurant & C. Lounge Budget Motel Interstate 80, Exit 51; East Stroudsburg, PA 18301	JR's Green Scene Rest. & Lounge Budget Motel	7/13/93	$100.00 *
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Hotelier		* Earmarked for the Campaig Citizens for Arlen Specter R-PA-Senate
	Aggregate Year-to-Date > $100.00		

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

AMERICAN HOTEL MOTEL POLITICAL ACTION COMMITTEE (AHMPAC)

A. 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
John D. Dingell for Congress 555 New Jersey Ave., NW, #201 Washington, DC 20001	Cong. John D. Dingell D-MI-16th District	7/12/93	$1,000.00
B. 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**
Charles W. Stenholm 4710 North 40th Street Arlington, VA 22207	Cong. Charles W. Stenholm D-TX-17th District	7/12/93	$350.00
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**
Citizens for Arlen Specter 111 S. 15th St., 8th Floor Philadelphia, PA 19102	Senator Arlen Specter R-PA-Senate	7/13/93	$100.00 Note: earmarked for Senator Spect by S. Jerome Rubin, PA
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**
Pelosi for Congress 104 North West Street Alexandria, VA 22314	Cong. Nancy Pelosi D-CA-8th District	7/13/93	$400.00
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**
Citizens Comm. for Ernest Hollings P.O. Box 65271 Washington, DC 20035	Senator Ernest F. Hollings D-SC-Senate	7/14/93	$1,000.00
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**
Friends of Scott McInnis P.O. Box 757 Fairfax, VA 22030	Congressman Scott McInnis R-CO-3rd District	7/14/93	$350.00
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**
Quillen for Congress P.O. Box 2769 Washington, DC 20013	Cong. James H. Quillen R-TN-1st District	7/19/93	$400.00
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**
Fields for Congress '94 2550 M Street, NW, #800 Washington, DC 20037	Congressman Cleo Fields D-LA-4th District	7/21/93	$300.00
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**
People Support Jeff Bingaman P.O. Box 2048 Albuquerque, NM 87103	Senator Jeff Bingaman D-NM-Senate	7/21/93	$250.00

SUBTOTAL of Disbursements This Page (optional) $4,150.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

AMERICAN HOTEL MOTEL POLITICAL ACTION COMMITTEE (AHMPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Bryan Committee 320 Fourth Street, N.E. Washington, DC 20002	Senator Richard Bryan D-NV-Senate Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/21/93	$750.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Comm. to Reelect Nydia Velazquez 240 Park Avenue Takoma Park, MD 20912	Cong. Nydia Velazquez D-NY-12th District Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/28/93	$500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	$1,250.00
TOTAL This Period (last page this line number only)	$5,400.00

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 8/11/93
☐	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

J.A.Q.
PREPARER

8/12/93
DATE PREPARED

FEC FORM 70-2 (12/92)