REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
FEB 2 3 35 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Association of Crop Insurers PAC

ADDRESS (number and street) ☐ Check if different than previously reported
One Massachusetts Ave., N.W., #600

CITY, STATE and ZIP CODE
Washington, D.C. 20001-1431

2. FEC IDENTIFICATION NUMBER
C00172833

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 7/1/95 through 12/31/95		
6. (a) Cash on Hand January 1, 19 95		$ 67,535.79
(b) Cash on Hand at Beginning of Reporting Period	$ 65,179.72	
(c) Total Receipts (from Line 19)	$ 14,926.59	$ 40,505.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 80,106.31	$108,041.31
7. Total Disbursements (from Line 30)	$ 21,050.00	$ 48,985.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 59,056.31	$ 59,056.31
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
Michael R. McLeod

Signature of Treasurer
Michael R. McLeod

Date
1/30/96

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)

FE6AN066

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

(revised 1/1/91)

NAME OF COMMITTEE: American Assn of Crop Insurers PAC

REPORT COVERING PERIOD FROM 7/1/95 TO: 12/31/95

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)	2,900.00	6,080.00	11(a)(i)
ii. Unitemized	5,905.00	25,747.50	11(a)(ii)
iii. Total (add i and ii) ➤	8,805.00	31,827.50	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs) PAC to PAC	5,000.00	5,300.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	13,805.00	37,127.50	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	1,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.) (Bank Interest)	1,121.59	2,378.02	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	14,926.59	40,505.52	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	14,926.59	40,505.52	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	21,050.00	48,050.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	28(d)
29. Other Disbursements (Labors)	-0-	935.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	21,050.00	48,985.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	21,050.00	48,985.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	13,805.00	37,127.50	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	13,805.00	37,127.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-	37

FE5AN065

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 Association of Crop Insurers Political Action Committee

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Max J. Claybaker Route 2, Box 18 Blackwell, OK 74631 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Claybaker Crop Insurance Occupation: Owner Aggregate Year-to-Date: $800.00	11/16/95	$300.00
B. Full Name, Mailing Address and ZIP Code Debra A. Dawson 215 8th Street S. Fargo, ND 58103-1824 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Dawson Hail Ins. Co. Occupation: President & CEO Aggregate Year-to-Date: $ 695.00	1/23/95 7/7/95	$195.00 500.00
C. Full Name, Mailing Address and ZIP Code Robert C. Dawson 3201 16th Ave., S., No. 101 Fargo, ND 58103 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Dawson Hail Ins. Co. Occupation: Agent Aggregate Year-to-Date: $250.00	7/7/95	$250.00
D. Full Name, Mailing Address and ZIP Code Jeffrey R. Donoho 1121 Broadway, Box 2025 Mt. Vernon, IL 62864 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Jeff Donoho Insurance Occupation: Owner Aggregate Year-to-Date: $ 300.00	7/6/95	$300.00
E. Full Name, Mailing Address and ZIP Code W. Dale Goen 102 E. California Floydada, TX 79235 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Goen and Goen Occupation: Owner Aggregate Year-to-Date: $ 395.00	1/18/95 6/9/95 8/21/95	$ 95.00 100.00 200.00
F. Full Name, Mailing Address and ZIP Code Edward F. Konikowski 55 Madison Avenue Morristown, NJ 07960 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: F&G Reinsurance, Inc. Occupation: Vice President Aggregate Year-to-Date: $ 210.00	2/5/95 6/5/95 10/16/95	$100.00 55.00 55.00
G. Full Name, Mailing Address and ZIP Code Janell Nichols Route 2, Box 337A Sparta, WI 54656 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Vine Vest Ltd. Occupation: Agent Aggregate Year-to-Date: $ 250.00	7/19/95	$250.00

SUBTOTAL of Receipts This Page (optional) $2,400.00

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

FE5AN068

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (in Full)

American Association of Crop Insurers Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Carol J. Sorvik, 8012 Cobblestone Road, Des Moines, IA 50322 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: IGF Insurance Co. — Occupation: Secretary of corporation — Aggregate Year-to-Date: $ 250.00	7/7/95	$250.00
B. Jack C. Tank, 624 St. Thomas Ct., Iowa City, IA 52240 — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: Ag Risk Insurance — Occupation: Agent — Aggregate Year-to-Date: $ 250.00	7/9/95	$250.00
C. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation — Aggregate Year-to-Date: $		
D. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation — Aggregate Year-to-Date: $		
E. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation — Aggregate Year-to-Date: $		
F. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation — Aggregate Year-to-Date: $		
G. Full Name, Mailing Address and ZIP Code — Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation — Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	$500.00
TOTAL This Period (last page this line number only)	$2,900.00

FE5ANC66

SCHEDULE A **ITEMIZED RECEIPTS**
(PAC-to-PAC Contribution)

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

FOR LINE NUMBER 11.c.

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code Rain & Hail PAC 1501 50th Street, Suite 200 West Des Moines, IA 50266	Name of Employer	Date (month, day, year) 11/14/95	Amount of Each Receipt this Period $5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $5,000.00		
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) $5,000.00

TOTAL This Period (last page this line number only) $5,000.00

FESAA006

SCHEDULE A

ITEMIZED RECEIPTS
(Bank Interest)

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Burke & Herbert Bank & Trust Co. P.O. Box 268 Alexandria, VA 22313	(interest on checking account)	7/95 8/95 9/95	$23.68 21.74 21.48
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
continued . . .		10/95 11/95 12/95	$24.04 31.92 39.96
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 378.78		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Burke & Herbert Bank & Trust Co. P.O. Box 268 Alexandria, VA 22313	(interest received on certificate of deposit)	7/95 8/95 9/95	$169.24 164.90 165.37
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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**
continued . . .		10/95 11/95 12/95	$165.85 141.49 141.92
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1,989.24		
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):	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):	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):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	$1,111.59

FEBAN006

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Association of Crop Insurers Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Coverdell Good Gov't Committee 3091 Maple Drive Atlanta, GA 30305	campaign contribution Disbursement for: Primary General Other (specify)	7/19/95	$1,000.00
Crapo for Congress P.O. Box 1013 Boise, ID 83701	campaign contribution Disbursement for: Primary General Other (specify)	7/19/95	750.00
Friends of Kingston 7360 Skidaway Road, #D-5 Savannah, GA 31406	campaign contribution Disbursement for: Primary General Other (specify)	7/27/95	500.00
Kaptur for Congress P.O. Box 899 Toledo, OH 43697	campaign contribution Disbursement for: Primary General Other (specify)	8/2/95	500.00
Dooley for Congress 1560 Wilson Blvd. Arlington, VA 22209	campaign contribution Disbursement for: Primary General Other (specify)	8/2/95	500.00
Stenholm for Congress Committee P.O. Box 1032 Stamford, TX 79553	campaign contribution Disbursement for: Primary General Other (specify)	8/11/95	300.00
Nussle for Congress Committee 4010 Franconia Road Alexandria, VA 22310	campaign contribution Disbursement for: Primary General Other (specify)	9/11/95	500.00
Combest Congress Committee 383 S. Pickett Street Alexandria, VA 22304	campaign contribution Disbursement for: Primary General Other (specify)	9/11/95	1,000.00
Stenholm for Congress Committee P.O. Box 1032 Stamford, TX 79553	campaign contribution Disbursement for: Primary General Other (specify)	9/11/95	1,000.00

SUBTOTAL of Disbursements This Page (optional) 6,050.00

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

FE5A/095

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

American Association of Crop Insurers Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pat Roberts for Congress Committee 4010 Franconia Road Alexandria, VA 22310	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	9/18/95	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
John T. Doolittle for Congress 4220 Rocklin Road Rocklin, CA 95677	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	9/21/95	500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Tim Holden P.O. Box 523024 Springfield, VA 22152	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/12/95	500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Bill Emerson P.O. Box 16021 Alexandria, VA 22302	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/19/95	500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Frank Lucas for Congress 4010 Franconia Road Alexandria, VA 22310	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/12/95	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Lugar for President 503 Capitol Ct., N.E. Washington, DC 20002	campaign contribution Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/20/95	2,500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Mark Foley 1951 Biltmore St., N.W., #3 Washington, DC 20009	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/24/95	500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Peterson for Congress 311 6th Street, S.E., #2 Washington, DC 20003	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/25/95	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
McIntosh for Congress P.O. Box 2424 Muncie, IN 47307	campaign contribution Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/25/95	500.00

SUBTOTAL of Disbursements This Page (optional) 7,000.00

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

FE5AN006

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
American Association of Crop Insurers Political Action Committee

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
A. Democratic Senate Congressional Com'te 430 S. Capitol Street Washington, DC 20003	campaign contribution	11/1/95	$2,000.00
B. Saxby Chambliss for Congress P.O. Box 4084 Macon, GA 31208	campaign contribution	11/11/95	500.00
C. Nita Lowey for Congress P.O. Box 271 White Plains, NY 10605	campaign contribution	11/15/95	500.00
D. McConnell Senate Committee '96 425 2nd Street, N.E. Washington, DC 20002	campaign contribution	11/15/95	1,000.00
E. Grassley Comm., Inc. 4010 Franconia Road Alexandria, VA 22310	campaign contribution	11/29/95	1,000.00
F. Frank Riggs for Congress P.O. Box 16021 Alexandria, VA 22302	campaign contribution	12/5/95	500.00
G. Friends of John Boehner 1400 Sixteenth St., N.W., #400 Washington, DC 20036-1212	campaign contribution	11/30/95	1,000.00
H. Citizens for Cochran P.O. Box 22761 Jackson, MS 39225-2761	campaign contribution	12/6/95	1,000.00
I. Allard for U.S. Senate 507 Capitol Court, N.E., Suite 100 Washington, DC 20002	campaign contribution	12/6/95	500.00

SUBTOTAL of Disbursements This Page (optional) 8,000.00

TOTAL This Period (last page this line number only) 21,050.00

FE6AN085

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 11/31/96
☐	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

PREPARER

2/5/97

DATE PREPARED

FEC FORM 70-2 (12/92)