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): National Ruth Housing Council Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported: 1850 M Street, NW, # 540

CITY, STATE and ZIP CODE: Washington, DC 20036

RECEIVED
FEDERAL ELECTION COMMISSION
ADMINISTRATIVE DIVISION
MAY 20 1 57 PM '94

2. FEC IDENTIFICATION NUMBER: C00137773

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M) Satisfied the criteria of multicandidate status prior to January 1, 1994

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 4/1/94 through 4/30/94		
6. (a) Cash on Hand January 1, 1994		$ 9,587.89
(b) Cash on Hand at Beginning of Reporting Period	$ 24,677.89	
(c) Total Receipts (from Line 19)	$ 4,125.00	$ 25,815.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 28,802.89	$ 35,402.89
7. Total Disbursements (from Line 30)	$ 7,231.20	$ 13,831.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 21,571.69	$ 21,571.69
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 Rm 824, 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: Jonathan L Kemmer

Signature of Treasurer: Jonathan L. Kemmer

Date: 5/20/94

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 8/93)
FE4AN101

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

(revised 1/1/91)

NAME OF COMMITTEE National Multi Housing Council Political Action Committee

REPORT COVERING PERIOD FROM 4/1/94 TO: 4/30/94

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)	2,700	16,250	11(a)(i)
ii. Unitemized	1,425	9,565	11(a)(ii)
iii. Total (add i and ii) ➤	4,125	25,815	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	4,125	25,815	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	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	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) ➤	4,125	25,815	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,125	25,815	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	7,231.20	13,831.20	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	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	7,231.20	13,831.20	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	7,231.20	12,831.20	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,125	25,815	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,125	25,815	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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF

FOR LINE NUMBER

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)
National Multi Housing Council 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. Levois A. Levey 12400 Olive Boulevard, Suite 100 St. Louis, MO 63141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Paragon Group Occupation: managing Partner Aggregate Year-to-Date > $ 250	4/8/94	250
B. Jay A. Contreras 2222 Corinth Avenue Los Angeles, CA 90064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	R&B Realty Group Occupation: Senior Vice President Aggregate Year-to-Date > $ 200	4/8/94	200
C. Perry M. Parrott, Jr. 4633 Beverly Dr. Dallas, TX 75209 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gables Residential Trust Occupation: Senior Vice President Aggregate Year-to-Date > $ 200	4/25/94	200
D. Harvin R. Banks Jr. 621 Valley Green Dr. Atlanta, GA 30342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gables Residential Trust Occupation: Senior Vice President Aggregate Year-to-Date > $ 250	4/25/94	250
E. Jordan Clark 432 Broadland Road Atlanta, GA 30342 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gables Residential Trust Occupation: Senior Vice President Aggregate Year-to-Date > $ 300	4/25/94	300
F. Marcus E. Bromley 2125 Clay Drive Atlanta, GA 30350 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gables Residential Trust Occupation: President Aggregate Year-to-Date > $ 500	4/25/94	500
G. John Rippel 3818 Bayou Bend Ct. Sugarland, TX 77479 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gables Residential Trust Occupation: Senior Vice President Aggregate Year-to-Date > $ 500	4/25/94	500

SUBTOTAL of Receipts This Page (optional) ..... 2,200.

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 13

FOR LINE NUMBER 11d

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NAME OF COMMITTEE (In Full)
National Multi Housing Council 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. William H. Hammond 222 W. Las Colinas Blvd, #350 Irving, TX 750 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Gables Residential Trust Occupation: Senior Vice President Aggregate Year-to-Date > $ 500	4/25/94	500
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) 500

TOTAL This Period (last page this line number only) 2700

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
National Multi Housing Council Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Lott for Mississippi P.O. Box 22824 Jackson, MS 39225	Contribution Trent Lott - Senate Canaidate - MS Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/18/94	1,000
B. Full Name, Mailing Address and ZIP Code Bonior for Congress 237 S. Gratiot Mt. Clemens, MI 48043	Contribution David Bonior - House Canaidate - MI-10 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/18/94	1,000
C. Full Name, Mailing Address and ZIP Code Hatch Election Committee P.O. Box 3464 Salt Lake City, UT 84111	Contribution Orrin Hatch - Senate Candidate - UT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/18/94	1,500
D. Full Name, Mailing Address and ZIP Code Tom McEnery for Congress 99 North First Street San Jose, CA 95113	Contribution Tom McEnery - House Canaidate - CA-16 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/20/94	500
E. Full Name, Mailing Address and ZIP Code Friends for Bryan 320 4th Street, NE Washington, DC 20002	Contribution Richard Bryan - Senate Canaidate - NV Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/20/94	1,000
F. Full Name, Mailing Address and ZIP Code Hoagland for Congress 8491 West Center Road Omaha, NE 68124	Contribution Peter Hoagland - House Canaidate - NE-2 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/26/94	1,000
G. Full Name, Mailing Address and ZIP Code Senator Chafee Committee P.O. Box 623 Providence, RI 02901	Contribution John Chafee - Senate Canaidate - RI Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/26/94	1,000
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) 7,000

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE OF

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NAME OF COMMITTEE (In Full)
National Multi Housing Council Political Action Committee

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code James N. Arbury 1850 M Street, NW, #540 Washington, DC 20036	In-Kind contribution to Hatch Election Committee Disbursement for: [ ] Primary [ ] General [X] Other (specify) Breakfast reimbursement	4/19/94	231.20
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
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
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) .....

TOTAL This Period (last page this line number only) 7,231.20

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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 5-20-94
☐	First Class Mail	POSTMARKED
☐	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

Deb — PREPARER

5-20-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

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