

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

AUG 29 10 12 AM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
 C00076737 052996 p 246  
 CHARLES A SILVESTRI  
 SOUTHWEST GAS CORPORATION POLI  
 TICAL ACTION COMMITTEE  
 PO BOX 98310  
 LAS VEGAS NV 89193

2. FEC IDENTIFICATION NUMBER  
 C00076737

3.  This committee has qualified as a multicandidate committee. (see FEC FORM 1M)  
 Qualified as a multicandidate committee prior to Jan. 1, 1996.

## 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 Primary  
 (Type of Election)  
 election on 9/10/96 in the State of Arizona
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

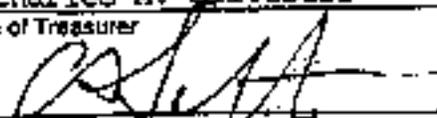
(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	8/15/96 through 8/21/96		
6. (a) Cash on Hand January 1, 1996			\$ 38,876.05
(b) Cash on Hand at Beginning of Reporting Period		\$ 39,629.55	
(c) Total Receipts (from Line 19)		\$ 806.00	\$ 13,249.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 40,435.55	\$ 52,125.55
7. Total Disbursements (from Line 30)		\$ 15.00	\$ 11,705.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 40,420.55	\$ 40,420.55
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  
 Charles A. Silvestri

Signature of Treasurer 

Date  
 8/28/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5457g.

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FEC FORM 3X  
(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE SOUTHWEST GAS CORPORATION POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 8/15/96 TO 8/21/96	
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)		\$ 367.50	\$ 5,618.00
ii. Unitemized		438.50	7,631.50
iii. Total (add i and ii) >		806.00	13,249.50
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		806.00	13,249.50
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.)			
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		806.00	13,249.50
20. Total Federal Receipts (subtract line 18 from line 19) >		806.00	13,249.50
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share		15.00	30.00
b. Other Federal Operating Expenditures		15.00	30.00
c. Total Operating Expenditures (add a i, a ii, and b) >		15.00	30.00
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
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. Individual/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		15.00	11,705.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		15.00	11,705.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		806.00	13,249.50
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)		806.00	13,249.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		15.00	30.00
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >		15.00	30.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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)**

**SOUTHWEST GAS CORPORATION POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lowell H. Bamford P.O. Box 1498 Victorville, CA 92393-0919	Southwest Gas Corp.	Payroll Deduction	\$ 25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP/Southern California Division Aggregate Year-to-Date > \$ 302.50		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George C. Biehl 5241 Spring Mountain Rd. Las Vegas, NV 89102	Southwest Gas Corp.	Payroll Deduction	\$ 25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP/CFO Aggregate Year-to-Date > \$ 358.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Terry N. Brackeen P.O. Box 1190 Carson City, NV 89702-1190	Southwest Gas Corp.	Payroll Deduction	\$ 20.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation District Manager Aggregate Year-to-Date > \$ 320.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert E. Brewer 5241 Spring Mountain Road Las Vegas, NV 89102	Southwest Gas Corp.	Payroll Deduction	\$ 15.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director/ Corp. & Administrative Svcs. Aggregate Year-to-Date > \$ 240.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Hanenburg, Jr. P.O. Box 26500 Tucson, AZ 85726-6500	Southwest Gas Corp.	Payroll Deduction	\$ 25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager/Gas Operations Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James A. Hunter 5241 Spring Mountain Road Las Vegas, NV 89102	Southwest Gas Corp.	Payroll Deduction	\$ 16.50 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director/Operations Dev. Aggregate Year-to-Date > \$ 264.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert M. Johnson 5241 Spring Mountain Road Las Vegas, NV 89102	Southwest Gas Corp.	Payroll Deduction	\$ 15.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate General Counsel Aggregate Year-to-Date > \$ 240.00		

SUBTOTAL of Receipts This Page (optional) ..... \$ 141.50

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in Full)

**SOUTHWEST GAS CORPORATION POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael O. Maffie 5241 Spring Mountain Road Las Vegas, NV 89102	Southwest Gas Corp.	Payroll Deduction	\$ 50.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President & CEO	Aggregate Year-to-Date > \$ 475.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger C. Montgomery 5241 Spring Mountain Road Las Vegas, NV 89102	Southwest Gas Corp.	Payroll Deduction	\$ 15.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director/Rates	Aggregate Year-to-Date > \$ 240.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christina A. Palacios 4300 W. Tropicana Las Vegas, NV 89103	Southwest Gas Corp.	Payroll Deduction	\$ 35.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP/Southern Nevada Division	Aggregate Year-to-Date > \$ 261.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dante C. Pistone 5241 Spring Mountain Road Las Vegas, NV 89102	Southwest Gas Corp.	Payroll Deduction	\$ 15.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager/Corp. Communications	Aggregate Year-to-Date > \$ 240.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J. Tetreault 5241 Spring Mountain Road Las Vegas, NV 89102	Southwest Gas Corp.	Payroll Deduction	\$ 15.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate General Counsel	Aggregate Year-to-Date > \$ 240.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Trimble 5241 Spring Mountain Road Las Vegas, NV 89102	Southwest Gas Corp.	Payroll Deduction	\$ 25.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP/General Counsel	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth M. Weaver 5241 Spring Mountain Road Las Vegas, NV 89102	Southwest Gas Corp.	Payroll Deduction	\$ 13.50 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager/Customer Relations Staff	Aggregate Year-to-Date > \$ 216.00	

**SUBTOTAL** of Receipts This Page (optional) ..... \$ 168.50

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full)

**SOUTHWEST GAS CORPORATION POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward S. Zub 5241 Spring Mountain Road Las Vegas, NV 89102	Southwest Gas Corp.	Payroll Deduction	\$ 30.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP/Rates & Regulation	Aggregate Year-to-Date > \$ 285.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William A. Claerhout P.O. Box 52075 Phoenix, AZ 85072-2075	Southwest Gas Corp.	Payroll Deduction	\$ 12.50 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Counsel/ Arizona	Aggregate Year-to-Date > \$ 200.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles A. Silvestri 5241 Spring Mountain Road Las Vegas, NV 89102	Southwest Gas Corp.	Payroll Deduction	\$ 15.00 biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir/Consumer & Community Relations	Aggregate Year-to-Date > \$ 207.50	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... \$ 57.50

TOTAL This Period (last page this line number only) ..... \$ 367.50

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

SOUTHWEST GAS CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Matt Salmon for Congress P.O. Box 24890 Tempe, AZ 85285-4890	(Check was lost) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/29/96	(\$ 125.00)
B. Full Name, Mailing Address and ZIP Code Matt Salmon for Congress P.O. Box 24890 Tempe, AZ 85285-4890	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/16/96	\$ 125.00
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

SUBTOTAL of Disbursements This Page (optional) .....

0

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

0

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.

<input checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT <i>8-29-96</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT
<i>Jrs</i> PREPARER	<i>8-29-96</i> DATE PREPARED