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 ACADEMY OF OPHTHALMOLOGY POLITICAL COMMITTEE (OPHTHPAC)

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

655 BEACH STREET

CITY, STATE and ZIP CODE

SAN FRANCISCO CA 94109

RECEIVED FEDERAL ELECTION COMMISSION ADMINISTRATIVE DIV.

2. FEC IDENTIFICATION NUMBER

C00196146

SEP 26 12 03 PM '94

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 8/1/94 through 8/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 529,891.05
(b) Cash on Hand at Beginning of Reporting Period	$ 538,838.56	
(c) Total Receipts (from Line 19)	$ 11,549.21	$ 543,798.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 550,387.77	$ 1,073,689.85
7. Total Disbursements (from Line 30)	$ 49,600.40	$ 572,902.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 500,787.37	$ 500,787.37
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)	$ 12,000.00	

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

PAULA E. LENT, TREASURER

Signature of Treasurer

Paula E. Lent Treasurer

Date 9/20/94

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 1/1/91)

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

(revised 1/1 91)

NAME OF COMMITTEE (OPHTHPAC)
AMERICAN ACADEMY OF OPHTHALMOLOGY POLITICAL COMMITTEE

REPORT COVERING PERIOD FROM 8/1/94 TO 8/31/94

	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)	9,450.00	440,331.33
ii. Unitemized	1,175.00	96,544.99
iii. Total (add i and ii) ➤	10,625.00	536,876.32
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	10,625.00	536,876.32
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	924.21	6,922.48
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	11,549.21	543,798.80
20. Total Federal Receipts (subtract line 16 from line 19) ➤	11,549.21	543,798.80
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	34,040.40	313,934.48
c. Total Operating Expenditures (add a i, a ii, and b) ➤	34,040.40	313,934.48
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	15,560.00	258,968.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) ➤	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	49,600.40	572,902.48
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	49,600.40	572,902.48
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	10,625.00	536,876.32
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,625.00	536,876.32
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	34,040.40	313,934.48
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	34,040.40	313,934.48

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SCHEDULE A

ITEMIZED RECEIPTS

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 ACADEMY OF OPHTHALMOLOGY POLITICAL COMMITTEE (OPHTHPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Union Bank 350 California Street San Francisco CA 94104	N/A	8/31/94	836.55
Receipt For: [ ] Primary [ ] General [X] Other (specify):	Occupation: N/A 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
DEAN WITTER REYNOLDS, INC. 167 EAST SECOND AVENUE SAN MATEO CA 94401	N/A	8/31/94	87.66
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)	924.21
TOTAL This Period (last page this line number only)	924.21

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY POLITICAL COMMITTEE (OPHTHPAC)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Union Bank 350 California Street San Francisco CA 94104	Merchant/Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/31/94	93.40
B. Touch Tone Marketing 800 Seahawk Circle Ste 113 Virginia Beach VA 23452	Tele-Marketing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/29/94	37,500.00
C. IRS Fresno CA 93888	Fed Tax Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/10/94	727.00
D. FTB POB 94257-0501 Sacramento CA 94257-0501	State Tax Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/10/94	280.00
E. The Terrance Group 211 North Union Street Suite 200 Alexandria VA 22314	In kind contrib of a Polling Survey-Not yet paid Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8/29/94	<4560.00>
F.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	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)	34,040.40
TOTAL This Period (last page this line number only)	34,040.40

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SCHEDULE D
(Revised 3/90)

DEBTS AND OBLIGATIONS
Excluding Loans

page ____ of ____ for
LINE NUMBER 10
(Use separate schedule for each numbered line)

Name of Committee (in Full) AMERICAN ACADEMY OF OPHTHALMOLOGY POLITICAL COMMITTEE (OPHTHPAC)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and Zip Code of Debtor or Creditor THE TERRANCE GROUP 211 NORTH UNION STREET, SUITE 200 ALEXANDRIA VA 22314	0	12,000.00	0	12,000.00
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	12,000.00
2) TOTAL This Period (last page this line only)	12,000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	12,000.00

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PROGRAM NO. AMERICAN ACADEMY OF OPHTHALMOLOGY IN POLITICAL COMMITTEE (CONTRACT) PAGE 1
DATE 07/07/94 ITEMIZED DISBURSEMENTS LINE NUMBER 23

CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES

SCHEDULE E

FROM 08/01/94 TO 08/31/94

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NAME AND ADDRESS	DISBURSEMENT PURPOSE	DATE	AMOUNT
LF PAYNE FOR CONGRESS PO BOX 2884 WASHINGTON DC 20013	HOUSE /5 /VA 94 /GENERAL	08/03/94	5000.00
COMMITTEE TO REELECT SUSAN MOLINARI PO BOX 060240 BLVD NEW DORP STN NY 10305	ENVIRO SEE NOTE #1 REP /13 /NY 94 /PRIMARY	08/24/94	4560.00
FRIENDS FOR BRYAN 320-4TH STREET NE WASHINGTON DC 20002	SENATE / /NV 94 /GENERAL	05/15/94	1000.00
FRIENDS FOR BRYAN 320-4TH STREET NE WASHINGTON DC 20002	SENATE / /NV 94 /GENERAL	05/15/94	1000.00
FRIENDS OF MIKE DEWINE 88 EAST BROAD STREET 15TH FLOOR COLUMBUS OH 43215	SENATE / /OH 94 /GENERAL	08/23/94	3000.00
KAY BAILEY HUTCHISON FOR SENATE COMMITTEE 2000 BERING SUITE 450 HOUSTON TX 77057	SENATE / /TX 94 /PRIMARY	08/23/94	1000.00
		SUBTOTAL	15560.00
	*** TOTAL ***		15560.00

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Note 1. Depreciated value of New York's 13th Dist polling survey turned over to Susan Molinari [R-NY-13] on August 29, 1994. 45 survey questions. 11 which were related to Ophthalmology were not turned over to candidate (24%). Cost of survey $12,000 less questions not turned over ($2,880). Net cost $9,120. Survey given to Ophthpac on August 12, 1994. Depreciated value 50% of $9,120. or $4,560.

94039241529

PROGRAM ID: AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC) PAGE 1
RPTID: FEC694 ITEMIZED RECEIPTS LINES 4(B)(F) THRU 2
CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 05/01/94 TO 09/21/94

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Gerin MD,James A Clarksburg Care Clinic 300 Davisson Run Road Clarksburg WV 26301	Self Employed OPHTHALMOLOGIST	08/11/94 08/10/94	25.00 25.00	250.00
Frederick Jr MD,William A Suite 3 9100 Washington Road McMurray PA 15317	Self-Employed PHYSICIAN	08/11/94	250.00	1000.00
Barnett MD,Mirza I Suite 203 4990 East Kentucky Avenue Denver CO 80222-2709	Self Employed OPHTHALMOLOGIST	07/11/94	250.00	500.00
Stevens MD,Thomas G 2320 University Avenue Madison WI 53705	Self Employed OPHTHALMOLOGIST	07/11/94	100.00	400.00
Johnston MD,Robert M 211 Gibson Street NW Leesburg VA 22075	Self-Employed OPHTHALMOLOGIST	08/09/94	250.00	500.00
Neiman MD,Gordon H Suite 406 5959 Harry Hines Boulevard Dallas TX 75235	SELF EMPLOYED OPHTHALMOLOGIST	07/11/94 08/10/94	100.00 100.00	400.00
Neitzel MD,Glenn R 33 Lincoln Street Worcester MA 01605	Medical Eye Care Inc OPHTHALMOLOGIST	08/11/94	250.00	750.00
Kaplan MD,Kenneth A 219 Southeast 23rd Avenue Boynton Beach FL 33435	FU Medical College OPHTHALMOLOGIST	08/11/94	250.00	750.00
	SUBTOTAL		1850.00	

PROGRAM: FEC AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL ACTIVITIES COMMITTEE PAGE: 1
DATE: 070694 ITEMIZED RECEIPTS LINE NUMBER: SA 1
CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 06/01/94 TO 06/30/94

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NAME AND ADDRESS	OCCUPATION/EMPLOYER	DATE	RECEIPT AMOUNT	YTD AMOUNT
Aergis MD*Edward L Medical Arts North 1277 North 30th Billings MT 59101	Self-Employed OPHTHALMOLOGIST	06/30/94	100.00	100.00
Ashraw MD*James L Kanda Building 2 Main Street Bradford PA 16701	SENECA EYE SURGEON OPHTHALMOLOGIST	06/11/94	500.00	500.00
Flanagan MD*Joseph C 456 Lankenau Medical Bldg Lower Lancaster Avenue at City Line Wynnewood PA 19096	PARTIAL FLAMMER OPHTHALMOLOGIST	06/11/94	250.00	250.00
Gandsley MD*William H Box 2026 Havre MT 59501	SELF EMPLOYED OPHTHALMOLOGIST	06/11/94	100.00	100.00
Paiston MD*Russell D 130 Center Way Corning NY 14830	OPTHRIC CLINIC OPHTHALMOLOGIST	06/17/94	100.00	100.00
Greenwald MD*Mark J Children's Mem Hosp/Box 70 2300 Children's Plaza Chicago IL 60614	FELDMAN GREENWALD OPHTHALMOLOGIST	06/17/94	600.00	600.00
Idowski MD*Robert Malcolm Lancaster Eye Clinic 1295 West Meeting Street Lancaster SC 29720	LANCASTER EYE CLINIC OPHTHALMOLOGIST	06/11/94	250.00	250.00
MacIlwaine DO MD*William A Suite A 110 South Pantops Drive Charlottesville VA 22901-8672	SELF EMPLOYED OPHTHALMOLOGIST	06/11/94	100.00	400.00
	SUBTOTAL		2350.00	

FEDERAL [illegible] AMERICAN ACADEMY OF OPHTHALMOLOGY [illegible] POLITICAL COMMITTEE [illegible] [illegible]
TAPE 072694 [illegible] [illegible]

CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

SCHEDULE A

FROM 07/31/94 TO 07/31/94

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
[illegible]-Agosto MD*Jaime Southern Eye Center 1420 South 28th Avenue Hattiesburg MS 39402	OPHTHALMOLOGIST	08/11/94	1000.00	1000.00
[illegible] MD*Robert L 3149 Ellis Street Bellingham WA 98215	Self-Employed PHYSICIAN	08/[illegible]/94	250.00	250.00
[illegible]edetto MD*Dominick 124 Avenue B Bayonne NJ 07002	[illegible] PHYSICIAN	08/[illegible]	500.00	500.00
[illegible]tack DO*Richard F 1202 Heather Road Homewood IL 60430	SELF EMPLOYED OPHTHALMOLOGIST	08/29/94	[illegible]	250.00
[illegible]ning MD*Lawrence M 336 Fastlight Circle North Canton OH 44720	[illegible] Canton Med Found PHYSICIAN	08/23/94	300.00	300.00
[illegible]dogan MD*Eusebio G 1 Physician's Plaza Fairmont WV 26554-1471	SELF PHYSICIAN	08/11/94	500.00	500.00
Schlisserman MD*David A 202 Jack Martin Boulevard Bricktown NJ 08724	DAVID A SCHLISSERMAN OPHTHALMOLOGIST	08/[illegible]/94	100.00	350.00
Ficcarello MD*Louis D 137 Hampton Road Southampton NY 11968	SELF EMPLOYED OPHTHALMOLOGIST	09/[illegible]/94	250.00	625.00
	SUBTOTAL		2900.00	

PROGRAM [illegible] AMERICAN ACADEMY OF OPHTHALMOLOGY INC. POLITICAL COMMITTEE [illegible] PAGE [illegible]
DATE 072694 ITEMIZED FILING LINE NUMBER [illegible]
CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 03/01/94 TO 06/30/94

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
[illegible]ey MD*Richard B 501 [illegible] Avenue Moline IL 61265	SELF EMPLOYED OPHTHALMOLOGIST	[illegible]	100.00	100.00
[illegible]man MD*Michael C [illegible]721 63rd Place NE Seattle WA 98155	OPHTHALMOLOGIST	[illegible]	[illegible]	50.00
Lapriotti MD*Richard D 1223 13th Avenue Altoona PA 16601	SELF EMPLOYED OPHTHALMOLOGIST	[illegible]	[illegible]	[illegible]
[illegible]mare MD*J Arch Associated Retinal Surgeons Pa 501 Cooper Landing Road Cherry Hill NJ 08002-2514	[illegible] OPHTHALMOLOGIST	[illegible]	[illegible]	[illegible]
[illegible]dler MD*Bruce A 75 Bill Fries Drive/Bldg C Island Medical Plaza Hilton Head Island SC 29926	SELF EMPLOYED OPHTHALMOLOGIST	[illegible]	[illegible]	[illegible]
[illegible]ith MD*Brian David 175 North Harbor Drive #4101 Chicago IL 60601	SELF OPHTHALMOLOGIST	[illegible]	300.00	300.00
Kiffpadir MD*Gregory N 6864 South Fieldgate Court Baton Rouge LA 70808-5451	OPHTHALMOLOGIST	[illegible]	1000.00	1000.00

SUBTOTAL 2350.00

*** TOTAL *** 9450.00

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
☑	Registered/Certified Mail	POSTMARKED 9-20-94
☐	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

9-26-94
DATE PREPARED

FEC FORM 70-2 (12/93)

9 4 0 3 9 2 4 1 5 3 4