

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

REC'D
AUG 4 9 32 AM '93

USE FEC MAILING LABEL
OR
TYPE OR PRINT

C88163212 064493 ROLAND K. LARSON OUTDOOR AMUSEMENT BUSINESS ASS OCIATION INC POLITICAL ACTION 4600 WEST 77TH ST MINNEAPOLIS MN 55435	2. FEC IDENTIFICATION NUMBER 000163212 3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on (date).
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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 <u>01/01/93</u> through <u>06/30/93</u>		
6.	(a) Cash on Hand January 1, 19 <u>93</u>		\$ <u>111,695.08</u>
	(b) Cash on Hand at Beginning of Reporting Period	\$ <u>111,695.08</u>	
	(c) Total Receipts (from Line 19)	\$ <u>4,620.05</u>	\$ <u>4,620.05</u>
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>116,315.13</u>	\$ <u>116,315.13</u>
7.	Total Disbursements (from Line 30)	\$	\$
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>116,315.13</u>	\$ <u>116,315.13</u>
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 202-219-3420

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: ROLAND K. LARSON

Signature of Treasurer: [Handwritten Signature]

Date: 07/30/93

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 01 OF 03
FOR LINE NUMBER 1102

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) **OUTDOOR AMUSEMENT BUSINESS ASSOCIATION
POLITICAL ACTION COMMITTEE**

230385542

<p>A. Full Name, Mailing Address and ZIP Code ANGELICA WHEBLOCK 287 ARMSTRONG ROAD SYRACUSE, N.Y. 13209</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer WHEBLOCK RIDES</p> <p>Occupation OFFICE MANAGER</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 02/24/93</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code E.K. FERNANDEZ 91-246 OIHANA ST. EWA BEACH, HI 96707</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer E.K. FERNANDEZ SHOWS</p> <p>Occupation OWNER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 02/19/93</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p></p>
<p>TOTAL This Period (last page this line number only)</p>	<p>1500.00</p>

