

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

DEC 15 8 49 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) INC Irish PAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 413 E. Capitol Street SE	
CITY, STATE and ZIP CODE Washington D.C. 20003	
	2. FEC IDENTIFICATION NUMBER C-00179614
	3. <input type="checkbox"/> 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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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

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SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Jan 1, 1994</u> through <u>Dec 31, 1994</u>		
6. (a) Cash on Hand January 1, 19__		\$ 0
(b) Cash on Hand at Beginning of Reporting Period	\$ 0	
(c) Total Receipts (from Line 19)	\$ 1320	\$ 1320
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 1320	\$ 1320
7. Total Disbursements (from Line 30)	\$ 1160	\$ 1160
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 160	\$ 160
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	

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: Sean McManus

Signature of Treasurer: Sean McManus Date: Dec 6 '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.

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
INC Irish PAC		FROM Jan. 1, 1994 TO: Dec. 31, 1994	
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (see Schedule A)		\$1220	\$1220
ii. Unitemized		\$100	\$100
iii. Total (add i and ii)		\$1320	\$1320
b. Political Party Committees		0	0
c. Other Political Committees (such as PACs)		0	0
d. Total Contributions (add a iii, b and c)		\$1320	\$1320
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.)		0	0
18. Transfers from Nonfederal Account for Joint Activity		0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)		\$1320	\$1320
20. Total Federal Receipts (subtract line 18 from line 19)		\$1320	\$1320
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		0	0
c. Total Operating Expenditures (add a i, a ii, and b)		0	0
22. Transfers to Affiliated/Other Party Committees		0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees		0	0
24. Independent Expenditures (see Schedule E)		0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see 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		\$1160.45	\$1160.45
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)		\$1160.45	\$1160.45
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		\$1160.45	\$1160.45
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		\$1320	\$1320
33. Total Contribution Refunds (from line 28d)		0	0
34. Net Contributions (other than loans) (subtract line 33 from 32)		0	0
35. Total Federal Operating Expenditures (add 21 a i and 21 b)		0	0
36. Offsets to Operating Expenditures (from line 15)		0	0
37. Net Operating Expenditures (subtract line 36 from 35)		0	0

9 4 0 3 2 5 3 4 5 6

SCHEDULE A

ITEMIZED RECEIPTS

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)
INC Irish PAC

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Seán McManus 413 E. Capitol Street SE Washington DC 20003</i>	<i>Irish National Caucus</i>	<i>8/16/94</i>	<i>\$220</i>
	Occupation <i>Lobbyist</i>	<i>10/19/94</i>	<i>\$100</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>320</i>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Ferry O'Reilly c/o Termac Chemical Corporation 7330 Felip St. Philadelphia Pa 19136</i>	<i>Termac Chemical Corporation</i>	<i>7/13/94</i>	<i>\$1,000</i>
	Occupation <i>CEO</i>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>1,000</i>		
C. 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):	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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):	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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)	<i>\$1320</i>
TOTAL This Period (last page this line number only)	<i>\$1920</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

INC Irish PAC

94039534150

A. 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>Powerscourt Restaurant 520 North Capitol Street NW Washington DC 20001</i>	<i>Reception for John Day 7/7/94</i>	<i>8/16/94</i>	<i>\$171.45</i>
<i>Gloria Holloway 711 Massachusetts Ave NE Washington DC 20002</i>	<i>Reception for John Day 7/7/94</i>	<i>7/12/94</i>	<i>\$354</i>
<i>Powerscourt Restaurant 520 North Capitol Street NW Washington DC 20001</i>	<i>Reception for John Day 7/7/94</i>	<i>7/15/94</i>	<i>\$635</i>
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)

\$1160.45

TOTAL This Period (last page this line number only)

\$1160.45

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

12-5-91

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

JMN
PREPARER

12-15-91
DATE PREPARED

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