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 Association of Rehabilitation Agencies, Inc. PAC

ADDRESS (number and street) ☐ Check if different than previously reported
6305 York Road

CITY, STATE and ZIP CODE
Baltimore, MD 21212

RECEIVED FEDERAL ELECTION COMMISSION ADMINISTRATION PAC
JUN 17 4 39 PM '94

2. FEC IDENTIFICATION NUMBER
C00192153

3. ☒ 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:
☐ 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

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SUMMARY

5. Covering Period 5/1/94 through 5/31/94

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 94		$ 7852.81
(b) Cash on Hand at Beginning of Reporting Period	$ 6452.81	
(c) Total Receipts (from Line 18)	$ 4550.00	$ 4650.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 11002.81	$ 12502.81
7. Total Disbursements (from Line 30)	$ 0.00	$ 1500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 11002.81	$ 11002.81
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 Assistant Treasurer
Barbara E. Wixon

Signature of Treasurer Ass't Treasurer
Barbara E. Wixon

Date 6/16/94

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)

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

(revised 1/1/91)

NAME OF COMMITTEE: NARA PAC

REPORT COVERING PERIOD FROM 5/1/94 TO: 5/31/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	3350.00	3350.00
ii. Unitemized	1200.00	1300.00
iii. Total (add i and ii) ➤	4550.00	4650.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	4550.00	4650.00
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) ➤	4550.00	4650.00
20. Total Federal Receipts (subtract line 16 from line 19) ➤	4550.00	4650.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	1500.00
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. Individuals/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		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	0.00	1500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	0.00	1500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	4550.00	4650.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	4550.00	4650.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

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SCHEDULE A ITEMIZED RECEIPTS For line # 11a1

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): NARA PAC

A. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
Ernest A. Burch **6305 York Rd. Suite 203** **Baltimore, MD 21212**	**Nat'l Assn. Rehabil. Assn.**	05/23/94	250.00

Receipt for: [ ]Primary [X]General
[ ]Other (specify): Aggr YTD >$ 250.00

B. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
Ellen A. Friesen 557 Stoddard Mill Ballwin, MO 63011	Occupation **Physical Therapist**	05/23/94	500.00

Receipt for: [ ]Primary [X]General
[ ]Other (specify): Aggr YTD >$ 500.00

C. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
Deborah Hagler **1335 Indian Oaks Pl.** **Manitou Springs, CO 80829**	Occupation **Physical Therapist**	05/23/94	250.00

Receipt for: [ ]Primary [X]General
[ ]Other (specify): Aggr YTD >$ 250.00

D. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
Pamela G. Johnson 4280 Parklawn Ave., No. 101 Edina, MN 55435	Occupation **Physical Therapist**	05/23/94	500.00

Receipt for: [ ]Primary [X]General
[ ]Other (specify): Aggr YTD >$ 500.00

E. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
Marilyn A. Moore 401 Berkley Place Court St. Louis, MO 63132	Occupation **Physical Therapist**	05/23/94	500.00

Receipt for: [ ]Primary [X]General
[ ]Other (specify): Aggr YTD >$ 500.00

Subtotal of Receipts This Page (optional).....$ 2,000.00
Total This Period (last page this line number only).....$

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SCHEDULE A ITEMIZED RECEIPTS For line # 11a:

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Name of Committee (in full): NARA PAC

A. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
Suzanne Morton 12705 N.W. 142nd St. Madrid, IA 50156	Rehabilitation Speci Occupation **Physical Therapist**	05/23/94	350.00

Receipt for: [ ]Primary [X]General
[ ]Other (specify): | Aggr YTD >$ 350.00

B. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
Gregory B. Richard 241 Pebble Glen Drive Franklin, TN 37064	Occupation **Physical Therapist**	05/23/94	500.00

Receipt for: [ ]Primary [X]General
[ ]Other (specify): | Aggr YTD >$ 500.00

C. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
Betty Smith River Ridge Road Hudson, WI 54016	River Ridge Rehabili Occupation **Physical Therapist**	05/23/94	250.00

Receipt for: [ ]Primary [X]General
[ ]Other (specify): | Aggr YTD >$ 250.00

D. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
Robert W. Zigenfus **1415 N. Pointe Court** **,Evansville, IN 47711**	Occupation **Physical Therapist**	05/23/94	250.00

Receipt for: [ ]Primary [X]General
[ ]Other (specify): | Aggr YTD >$ 250.00

Subtotal of Receipts This Page (optional).....$ 1,350.00
Total This Period (last page this line number only).....$ 3,350.00

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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 6-20-94
☐	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

Jm N
PREPARER

6-20-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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