PACE Ashland
Political Action Committee for Employees
P. O. Box 391-Ashland, Kentucky 41114

MAR 11 12 49 PM '94

March 10, 1994

FEDERAL EXPRESS
POD

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

Submitted herewith is the monthly report for the period February 1, 1994, through February 28, 1994, for the Ashland Oil Political Action Committee for Employees (PACE) No. C00075994.

Sincerely,

Sharon R. Walker

Sharon R. Walker
Treasurer

rlm

Attachment

94038364534

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

Mar 11 12 45 PM '94

1. NAME OF COMMITTEE (in full) ASHLAND OIL PACE	
ADDRESS (number and street) [ ] Check if different than previously reported PO BOX 391	2. FEC IDENTIFICATION NUMBER C00075994
CITY, STATE and ZIP CODE ASHLAND, KY 41114	3. [ ] This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) [ ] Apr 15 Quarterly Report

[ ] Jul 15 Quarterly Report

[ ] Oct 15 Quarterly Report

[ ] Jan 31 Year End Report

[ ] Jul 31 Mid Year Report (Non-election Year Only)

[ ] Termination Report

Monthly Report Due On:

[ ] Feb 20 [ ] Jun 20 [ ] Oct 20
[X] Mar 20 [ ] Jul 20 [ ] Nov 20
[ ] Apr 20 [ ] Aug 20 [ ] Dec 20
[ ] May 20 [ ] Sep 20 [ ] Jan 31

[ ] Twelfth day report preceeding _____ 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 02/01/94 through 02/28/94		
6. (a) Cash on Hand January 1, 1994		$ 44,129.48
(b) Cash on Hand at Beginning of Reporting Period	$ 51,771.83	
(c) Total Receipts (from Line 19)	$ 6,541.50	$ 15,683.85
(d) Subtotal	$ 58,313.33	$ 59,813.33
7. Total Disbursements (from Line 30)	$ 2,000.00	$ 3,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 56,313.33	$ 56,313.33
9. Debts and Obligations Owed TO the Committee (Itemize on Schedule C and/or D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize on Schedule C and/or D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Sharon R. Walker

Signature of Treasurer
Sharon R. Walker

Date
3-10-94

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)

94038364535

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
ASHLAND OIL PACE

REPORT COVERING PERIOD
FROM 02/01/94 TO 02/28/94

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)	174.40	174.40
ii. Unitemized	6,367.10	15,509.45
iii. Total (add i and ii) ►	6,541.50	15,683.85
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c) ►	6,541.50	15,683.85
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates & Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ►	6,541.50	15,683.85
20. Total Federal Receipts (subtract line 18 from line 19) ►	6,541.50	15,683.85
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	0.00
c. Total Operating Expenditures (add a i, a ii, and b) ►	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	3,000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c) ►	0.00	0.00
29. Other Disbursements	0.00	500.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ►	2,000.00	3,500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ►	2,000.00	3,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	6,541.50	15,683.85
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	6,541.50	15,683.85
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ►	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) ►	0.00	0.00

7 4 0 3 8 3 6 4 5 3 6

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1	OF
	FOR LINE NUMBER 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)

ASHLAND OIL PACE

A. Full Name, Mailing Address and ZIP Code JOHN D BARR 1768 EASTWOOD DRIVE LEXINGTON, KY 40502	Name of Employer ASHLAND OIL INC	Date (month, day, year) 02/14/94	Amount of Each Receipt this Period 46.95
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation SR VP AOI&P VAL Aggregate Year-to-Date > $ 234.75		
B. Full Name, Mailing Address and ZIP Code JOHN D BARR 1768 EASTWOOD DRIVE LEXINGTON, KY 40502	Name of Employer ASHLAND OIL INC	Date (month, day, year) 02/16/94	Amount of Each Receipt this Period 46.95
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation SR VP AOI&P VAL Aggregate Year-to-Date > $ 234.75		
C. Full Name, Mailing Address and ZIP Code PHILIP W BLOCK 215 BELLEFONTE DRIVE ASHLAND, KY 41101	Name of Employer ASHLAND OIL INC	Date (month, day, year) 02/14/94	Amount of Each Receipt this Period 40.25
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation ADMIN VP H/R Aggregate Year-to-Date > $ 201.25		
D. Full Name, Mailing Address and ZIP Code PHILIP W BLOCK 215 BELLEFONTE DRIVE ASHLAND, KY 41101	Name of Employer ASHLAND OIL INC	Date (month, day, year) 02/16/94	Amount of Each Receipt this Period 40.25
Receipt For: [ ] Primary [ ] General [X] Other: GENERAL CONTRIBUTION TO PAC	Occupation ADMIN VP H/R Aggregate Year-to-Date > $ 201.25		
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:	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:	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:	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	174.40
TOTAL This Period (last page this line number only)	174.40

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 1 OF

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ASHLAND OIL PACE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
JIMMY HAYES FOR CONGRESS 6635 HAMPTON VIEW PLACE MCLEAN, VA 22101	JIMMY HAYES U S CONGRESS LA07 Disbursement for: [X] Primary [ ] General [ ] Other:	02/23/94	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			500.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ASHLAND OIL PACE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
MIKE ANDREWS FOR SENATE COMMITTEE 1915 SO. SHEPHERD 300 HOUSTON, TX 77019	MIKE ANDREWS U S SENATE 7X25 Disbursement for: 94 Primary ___ General ___ Other:	02/03/94	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ___ Primary ___ General ___ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)			1,000.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 3 OF

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

ASHLAND OIL PACE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
BOUCHER FOR CONGRESS COMMITTEE P. O. BOX 2000 ABINGDON, VA 242101373	RICK BOUCHER U S CONGRESS VAD9 Disbursement for: 94 Primary ☐ General ☐ Other:	02/02/94	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	$00.00
TOTAL This Period (last page this line number only)	2,000.00

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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 3-11-94
☐	First Class Mail	POSTMARKED
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☐	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

SKS
PREPARER

3-11-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 8 5 5 4 5 9 1