

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
ADMINISTRATIVE DIVISION

APR 14 9 19 AM '94

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
*BOTTONE AMUSEMENT BUSINESS ASSOCIATION  
POLITICAL ACTION COMMITTEE*

ADDRESS (number and street)  Check if different than previously reported  
*4400 WEST 77TH STREET*

CITY, STATE and ZIP CODE  
*MINNEAPOLIS, MN 55435*

2. FEC IDENTIFICATION NUMBER  
*C00163212*

3.  This committee has qualified as a multi-candidate 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

## SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<i>01/01/94 through 03/31/94</i>		
6. (a) Cash on Hand January 1, 19 <i>94</i>		<i>\$ 125,779.13</i>
(b) Cash on Hand at Beginning of Reporting Period	<i>\$ 125,779.13</i>	
(c) Total Receipts (from Line 19)	<i>\$ 4,445.71</i>	<i>\$ 4,445.71</i>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<i>\$</i>	<i>\$</i>
7. Total Disbursements (from Line 30)	<i>\$</i>	<i>\$</i>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<i>\$ 130,224.84</i>	<i>\$ 130,224.84</i>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<i>\$</i>	For further information contact: Federal Election Commission 399 E Street, NW Washington, DC 20463 Toll Free 800-424-9580 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<i>\$</i>	

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

*TIMOTHY F. BORS*

Signature of Treasurer

*Timothy F. Bors*

Date

*04/11/94*

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 9/83)

FE4AN101

3 4 2 3 8 7 0 5 3 1

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
<b>I. Receipts</b>			
	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) .....	2500.00	2500.00	11(a)(i)
ii. Unitemized .....	110.00	110.00	11(a)(ii)
iii. Total .....			11(a)(iii)
(add i and ii) >			
b. Political Party Committees .....			11(b)
c. Other Political Committees (such as PACs) .....			11(c)
d. Total Contributions .....	2610.00	2610.00	11(d)
(add a ii, b and c) >			
12. Transfers From Affiliated/Other Party Committees .....			12
13. All Loans Received .....			13
14. Loan Repayments Received .....			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....			16
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1835.71	1835.71	17
18. Transfers from Nonfederal Account for Joint Activity .....			18
19. Total Receipts .....	4445.71	4445.71	19
(add 11d, 12, 13, 14, 15, 16, 17, and 18) >			
20. Total Federal Receipts .....	4445.71	4445.71	20
(subtract line 18 from line 19) >			
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....			21(a)(i)
ii. Non-Federal Share .....			21(a)(ii)
b. Other Federal Operating Expenditures .....			21(b)
c. Total Operating Expenditures .....			21(c)
(add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees .....			22
23. Contributions to Federal Candidates/Committees and Other Political Committees .....			23
24. Independent Expenditures (use Schedule E) .....			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..			25
26. Loan Repayments Made .....			26
27. Loans Made .....			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees .....			28(a)
b. Political Party Committees .....			28(b)
c. Other Political Committees (such as PACs) .....			28(c)
d. Total Contribution Refunds .....			28(d)
(add a, b and c) >			
29. Other Disbursements .....			29
30. Total Disbursements .....			30
(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
31. Total Federal Disbursements .....			31
(subtract line 21 a ii from line 30) >			
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	2610.00	2610.00	32
33. Total Contribution Refunds (from line 28d) .....			33
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	2610.00	2610.00	34
35. Total Federal Operating Expenditures .....	-0-	-0-	35
(add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15) .....			36
37. Net Operating Expenditures .....	-0-	-0-	37
(subtract line 36 from 35) >			

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE      OF       
FOR LINE NUMBER

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)**

*OUTLINE AMUSEMENT BUSINESS ASSOCIATION HISTORICAL ACTUAL COMMITTEE*

34038107573

A. Full Name, Mailing Address and ZIP Code <i>KANE S. FERNANDEZ 91-206 DINAHIA STREET EWA BEACH HI 96707</i>	Name of Employer <i>E.K. FERNANDEZ SONS</i>  Occupation <i>CARDINAL DRIVER</i>	Date (month, day, year) <i>2/2/04</i>	Amount of Each Receipt this Period <i>\$500.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>500.00</i>		
B. Full Name, Mailing Address and ZIP Code <i>STEPHEN SWINCA JR. R.O.1, Box 391 JERMIN, PA 18433</i>	Name of Employer <i>S.P.S. AMUSEMENTS</i>  Occupation <i>CARDINAL DRIVER</i>	Date (month, day, year) <i>2/14/04</i>	Amount of Each Receipt this Period <i>\$1000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>1000.00</i>		
C. Full Name, Mailing Address and ZIP Code <i>ANGELICA WHEELICK WARD POB 431 SYRACUSE, N.Y. 13209</i>	Name of Employer <i>NEW YORK STATE SUNSHINE ASSN</i>  Occupation <i>SECRETARY</i>	Date (month, day, year) <i>2/14/04</i>	Amount of Each Receipt this Period <i>\$1000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <i>1000.00</i>		
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) .....

TOTAL This Period (last page this line number only).....

*2500.00*

**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.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 4-17-94
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT

*JMH*  
 PREPARER

*4-14-94*  
 DATE PREPARED

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