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)
PACEG Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1000 Grand, Box 255

CITY, STATE and ZIP CODE
Des Moines, IA 50309

2. FEC IDENTIFICATION NUMBER
C00294633

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4-1-96 through 6-30-96		
5. (a) Cash on Hand January 1, 1996		$ 3204.00
(b) Cash on Hand at Beginning of Reporting Period	$ 5567.01	
(c) Total Receipts (from Line 16)	$ 6250.71	$ 9963.72
(d) Subtotal (add Lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B)	$ 11817.72	$ 13167.72
7. Total Disbursements (from Line 30)	$ 2500.00	$ 3850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 5(d))	$ 9317.72	$ 9317.72
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
Lorraine C. Millbourne

Signature of Treasurer
[signature]

Date
7-3-96

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 9/93)

FE3A/HHB

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

(revised 1/1/01)

NAME OF COMMITTEE: PACEG Committee

REPORT COVERING PERIOD FROM 4/1/96 TO 6/30/96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3157.49	3825.81	11(a)
ii. Unitemized	3069.17	6097.28	11(a)
iii. Total (add i and ii) ➤	6226.66	9923.09	11(a)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	6226.66	9923.09	11(d)
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.)	24.05	40.63	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	6250.71	9963.72	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤			20
II. Disbursements			
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 (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2500.00	3750.00	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. Individuals/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 (add a, b and c) ➤			28(d)
29. Other Disbursements	—	100.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2500.00	3850.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6226.66	9923.09	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6226.66	9923.09	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FEC/A6000

SCHEDULE A **ITEMIZED RECIEPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11.A.I

Any information from such reports and statements may not be sold or used by any persons 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 COMMITTE (IN FULL)
PACEG COMMITTEE #6112

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month, day, year)	Amount of Each Receipt This Period
A. GARY ALVORD 5405 SW MCKINLEY DES MOINES, IA 50321 Receipt For: [ ] Primary [X] General [ ] Other (specify)	RUAN TRANSPORT PRESIDENT Aggregate Year-to-Date	PAYROLL DEDUCTION 291.66	187.50 ($85.00 MONTHLY)
B. CLARENCE J. HUDSON 666 GRAND AVENUE DES MOINES, IA 50316 Receipt For: [ ] Primary [X] General [ ] Other (specify)	RUAN TRANSPORT V.P. OF CUSTOMER REL. Aggregate Year-to-Date	6/20/96 600.00	500.00
C. RICHARD MIKES 224 WILSON WEST DES MOINES, IA 50265 Receipt For: [ ] Primary [X] General [ ] Other (specify)	RUAN TRANSPORT SENIOR V.P. OF FINANCE Aggregate Year-to-Date	PAYROLL DEDUCTION 300.00	250.00 ($20.00 WEEKLY)
D. PAUL MURPHY 745 CORNELIA JANESVILLE, WI 53545 Receipt For: [ ] Primary [X] General [ ] Other (specify)	RUAN TRANSPORT OPERATIONS MANAGER Aggregate Year-to-Date	PAYROLL DEDUCTION 490.00	250.00 ($20.00 WEEKLY)
E. JOHN RUAN III 465 FOSTER DRIVE DES MOINES, IA 50312 Receipt For: [ ] Primary [X] General [ ] Other (specify)	RUAN, INCORPORATED VICE PRESIDENT Aggregate Year-to-Date	PAYROLL DEDUCTION 6/4/96 1,456.31	249.99 1,000.00 ($83.33 MONTHLY)
F. RANDY SACKETT 1617 - 77TH ST WINDSOR HEIGHTS, IA 50322 Receipt For: [ ] Primary [X] General [ ] Other (specify)	RUAN LEASING DIR. OF HUMAN RES. Aggregate Year-to-Date	5/9/96	200.00
G. ARTHUR C. STANLEY 12944 PINEHILL DR. HAGERSTOWN, MD 21740 Receipt For: [ ] Primary [X] General [ ] Other (specify)	RUAN LEASING DIV. OPS. MANAGER Aggregate Year-to-Date	6/27/96	250.00

SUBTOTAL	of Receipts This Page (optional)	2,947.49
TOTAL	This Period (last page this line number only)	

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SCHEDULE A ITEMIZED RECIEPTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
		FOR LINE NUMBER 11.A.I

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NAME OF COMMITTEE (IN FULL)
PACEG COMMITTEE #6112

A. Full Name, Mailing Address and Zip Code MAX VARNER 623 TAMARACK WAY VERONA, WI 53593 Receipt For: [ ] Primary [X] General [ ] Other (specify)	Name of Employer RUAN LEASING Occupation V.P. EASTERN DIVISION Aggregate Year-to-Date	Date (Month, day, year) PAYROLL DEDUCTION 355.00	Amount of Each Receipt This Period 210.00 ($15.00 WEEKLY)
B. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Aggregate Year-to-Date	Date (Month, day, year)	Amount of Each Receipt This Period
C. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date	Date (Month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date	Date (Month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date	Date (Month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date	Date (Month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date	Date (Month, day, year)	Amount of Each Receipt This Period

SUBTOTAL	of Receipts This Page (optional) →	210.00
TOTAL	This Period (last page this line number only) →	3,157.49

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96 . 03 . 060 . 2593

SCHEDULE B ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER Z3

Any information from such reports and Statements may not be sold or used by any persons 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)
PACEG COMMITTEE #6112

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
PEOPLE FOR LIGHTFOOT 2711 GRAND AVE DES MOINES, IA 50312	JIM ROSS LIGHTFOOT SENATE Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/31/96	2,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
LATHAM FOR CONGRESS P.O. BOX 174 SIOUX CITY, IA 51102-0174	TOM LATHAM REPRESENTATIVE Disbursement for: [ ] Primary [X] General [ ] Other (specify)	6/11/96	500.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL	of Disbursements This Page (optional) ▶	
TOTAL	This Period (last page this line number only) ▶	2,500.00

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SCHEDULE B ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
		FOR LINE NUMBER 29

Any information from such reports and Statements may not be sold or used by any persons 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)
PACEG COMMITTEE #6112

A. Full Name, Mailing Address and Zip Code LANGSTON FOR SENATE COMMITTEE 2409 GLENWOOD DRIVE DES MOINES, IA 50321	Purpose of Disbursement RONALD LANGSTON SENATE Disbursement for: Primary / General / Other (specify)	Date (Month, day, year) 4/25/96	Amount of Each Disbursement This Period 100.00
B. Full Name, Mailing Address and Zip Code CITIZENS FOR CONNOLLY 1600 FLORAVIEW DRIVE DUBUQUE, IA 52001	Purpose of Disbursement Disbursement for: Primary / General / Other (specify)	Date (Month, day, year) 11/6/95	Amount of Each Disbursement This Period (100.00) (CHECK LOST)
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: Primary / General / Other (specify)	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 (specify)	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 (specify)	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 (specify)	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 (specify)	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 (specify)	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 (specify)	Date (Month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL	of Disbursements This Page (optional)	
TOTAL	This Period (last page this line number only)	0.00

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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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7/3/96
☐	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

J.A.C.
PREPARER

7/3/96
DATE PREPARED

FEC FORM 70-2 (12/92)