

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) 000000100 31028 Linda Bollen ACTION FOR THE PEOPLE OF THE CENTRAL MISSOURI COUNCIL 1722 EAST HUNTER SPRINGFIELD MO 65111		2. FEC IDENTIFICATION NUMBER 017203
		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Oct 13 12 13 PM '94

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
7/1/94 through 9/30/94		
6. (a) Cash on Hand January 1, 1994		\$ 40,062.03
(b) Cash on Hand at Beginning of Reporting Period	\$ 42,201.05	
(c) Total Receipts (from Line 10)	\$ 393.44	\$ 7,246.16
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 42,594.49	\$ 47,308.19
7. Total Disbursements (from Line 30)	\$ 2,805.04	\$ 7,518.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 39,789.45	\$ 39,789.45
9. Debts and Obligations Owed TO 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
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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

Linda Bollen, Treasurer

Signature of Treasurer

Linda Bollen

Date

10/10/94

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 9/93)

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DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Action Committee for Rural Electrification/Missouri Electric Cooperatives

REPORT COVERING PERIOD

FROM 7/1/94

TO: 9/30/94

I. Receipts

11. Contributions (other than loans) From:
- a. Individual/Persons Other Than Political Committees
- i. Itemized (use Schedule A)
- ii. Unitemized
- iii. Total (add i and ii) ➤
- b. Political Party Committees
- c. Other Political Committees (such as PACs)
- d. Total Contributions (add a iii, b and c) ➤
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) ➤
20. Total Federal Receipts (subtract line 18 from line 19) ➤

COLUMN A
Total This Period

COLUMN B
Calendar Year

11(a)(i)
11(a)(ii)
11(a)(iii)
11(b)
11(c)
11(d)
12
13
14
15
16
17
18
19
20

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
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. Individual/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) ➤
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤

21(a)(i)
21(a)(ii)
21(b)
21(c)
22
23
24
25
26
27
28(a)
28(b)
28(c)
28(d)
29
30
31

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from line 11d)
33. Total Contribution Refunds (from line 28d)
34. Net Contributions (other than loans) (subtract line 33 from 32)
35. Total Federal Operating Expenditures (add 21 a i and 21 c) ➤
36. Offsets to Operating Expenditures (from line 15)
37. Net Operating Expenditures (subtract line 36 from 35) ➤

32
33
34
35
36
37

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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)

Action Committee for Rural Electrification/Missouri Electric Cooperatives

A. Full Name, Mailing Address and ZIP Code Missouri Electric Cooperatives Credit Union 2722 E. McCarty Jefferson City, MO 65101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dividend Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/31/94	Amount of Each Receipt this Period \$134.18
B. Full Name, Mailing Address and ZIP Code Missouri Electric Cooperatives Credit Union 2722 E. McCarty Jefferson City, MO 65101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dividend Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 8/31/94	Amount of Each Receipt this Period \$134.18
C. Full Name, Mailing Address and ZIP Code Missouri Electric Cooperatives Credit Union 2722 E. McCarty Jefferson City, MO 65101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dividend Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9/30/94	Amount of Each Receipt this Period \$125.08
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)

TOTAL This Period (last page this line number only)

\$393.44

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Action Committee for Rural Electrification/Missouri Electric Cooperatives

A. Full Name, Mailing Address and ZIP Code Ike Skelton for Congress Comm. P.O. Box A Harrisonville, MO 64701	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/1/94	Amount of Each Disbursement This Period \$ 50.00
B. Full Name, Mailing Address and ZIP Code Kit Bond Campaign Committee P.O. Box 132 Jefferson City, MO 65102	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/10/94	Amount of Each Disbursement This Period \$ 250.00
C. Full Name, Mailing Address and ZIP Code Karen McCarthy for Congress 4049 Pennsylvania Kansas City, MO 64111	Purpose of Disbursement Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/26/94	Amount of Each Disbursement This Period \$2,500.00
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)

TOTAL This Period (last page this line number only)

\$2,800.00

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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

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☒ Registered/Certified Mail

POSTMARKED

10-10-94

☐ 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

10-13-94
DATE PREPARED

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