

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

OCT 15 12 34 PM '94

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. N  
A  
C

2. FEC IDENTIFICATION NUMBER  
**C00233247**

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 \_\_\_\_\_

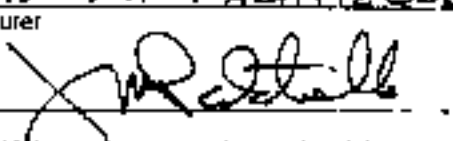
(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>7-1-94</u> through <u>9:30-94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>			\$ <u>1294.12</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>5249.12</u>	
(c) Total Receipts (from Line 19)		\$ <u>7944.50</u>	\$ <u>13,899.50</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>13,193.62</u>	\$ <u>15,193.62</u>
7. Total Disbursements (from Line 30)		\$ <u>9,000</u>	\$ <u>11,000</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>4,193.62</u>	\$ <u>4,193.62</u>
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  
660 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  
**JOHN M. PALATIELLO**

Signature of Treasurer  Date **10-14-94**

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)

9 4 0 3 9 2 8 1 6 1 9

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS POLITICAL ACTION COMMITTEE</b>		REPORT COVERING PERIOD FROM <b>7-1-94</b> TO: <b>9-30-94</b>	
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) .....		6,249.50	10,549.50
ii. Unitemized .....		2,695.00	3,350.00
iii. Total .....	(add a i) >	7,944.50	13,899.50
b. Political Party Committees .....			
c. Other Political Committees (such as PACs) .....			
d. Total Contributions .....	(add a ii, b and c) >	7,944.50	13,899.50
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) >	7,944.50	13,899.50
20. Total Federal Receipts .....	(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 .....			
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 .....		9,000.00	11,000.00
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) >	9,000.00	11,000.00
31. Total Federal Disbursements .....	(subtract line 21 a ii from line 30) >	9,000.00	11,000.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....		7,944.50	13,899.50
33. Total Contribution Refunds (from line 28d) .....			
34. Net Contributions (other than loans) (subtract line 33 from 32) .....		7,944.50	13,899.50
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) >		

94039281620

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3

FOR LINE NUMBER 1621

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) MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS POLITICAL ACTION COMMITTEE

162181621

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James W. Walker 2308 Cleek Dr. St. Louis, MO 63131	Walker + Assoc. Inc.	7/13/94	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Photogrammetrist	Aggregate Year-to-Date: \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Nies 18455 Burke Ave. N. Seattle, WA 98133	Nies Mapping Group Inc.	7/13/94	\$ 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Photogrammetrist	Aggregate Year-to-Date: \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nickolas Fusco 140 Summer Village Dr Annapolis MD 21401	Greenhorn + O'Mara, Inc.	7/29/94	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Surveyor	Aggregate Year-to-Date: \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rodger D. Phelps 2009 Diane Dr. Sulphur, LA 70663	Vernon F. Meyer & Assoc., Inc.	7/29/94	\$ 1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Surveyor	Aggregate Year-to-Date: \$ 1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry W. Huston 4815 Erin St, NE Albuquerque, NM 87109	Behannon-Huston Inc.	7/29/94	\$ 550
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Photogrammetrist	Aggregate Year-to-Date: \$ 550	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul J. Emilius 16-24 Kanouse Rd. Newfoundland, N.J. 07435	Geod Corp.	7/29/94	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Surveyor	Aggregate Year-to-Date: \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Regina M. Carter 2264 S. St. Louis Tulsa, OK 74114	Aerial Data Service, Inc.	7/29/94	\$ 250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Occupation: Photogrammetrist	Aggregate Year-to-Date: \$ 450	

SUBTOTAL of Receipts This Page (optional)	3,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3

FOR LINE NUMBER

11(a)(i)

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NAME OF COMMITTEE (In Full) **MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS POLITICAL ACTION COMMITTEE**

94039281622

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARRY A. Stiller 920 Deer Run Road Centerville, OH 45859	HAS IMAGES, Inc.	9/2/94	\$100
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Photo Processor</b> Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doug Bond 2042 Market St. Redding, CA 96099	Del Terra, Inc.	9/2/94	\$333.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Surveyor</b> Aggregate Year-to-Date > \$ 833.50		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Cook 2042 Market St Redding CA 96099	Del Terra, Inc.	9/2/94	\$333.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Surveyor</b> Aggregate Year-to-Date > \$ 833.50		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roger Ackerman 2042 Market St. Redding, CA 96099	Del Terra, Inc.	9/2/94	\$333.50
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>SURVEYOR</b> Aggregate Year-to-Date > \$ 833.50		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARVIN E. Miller 8181 NARCISSEUS LANE, N Maple Grove, MN 55369	MARKHUND CORP	9/2/94	\$800
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Photogrammetrist</b> Aggregate Year-to-Date > \$ 1,000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deborah Miller 8181 NARCISSEUS LANE, N Maple Grove, MN 55369		9/2/94	\$449
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Homemaker</b> Aggregate Year-to-Date > \$ 449		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Axel Hoffmann 758 Grandine Rd Lafayette, CA 94549	HAMMON, JENSON, WALKER + ASSOC. INC.	9/2/94	\$150
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <b>Photogrammetrist</b> Aggregate Year-to-Date > \$ 205		

SUBTOTAL of Receipts This Page (optional) .....	2499.50
TOTAL This Period (last page this line number only) .....	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3  
FOR LINE NUMBER 11(G)(1)

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NAME OF COMMITTEE (in Full) **MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS POLITICAL ACTION COMMITTEE**

94039281623

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY BROWN 2124 Bicentennial Dr. Cedar Falls, IA 50613 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aerial Services, Inc. Occupation: <b>Photogrammetrist</b> Aggregate Year-to-Date > \$ 425	9/2/94	\$ 250
B. Full Name, Mailing Address and ZIP Code Ron Drake 308 Seitz Dr. Salina, KS 67401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Wilson + Company, Inc. Occupation: <b>Photogrammetrist</b> Aggregate Year-to-Date > \$ 250	7/29/94	\$ 250
C. 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
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) ..... \$ 500  
TOTAL This Period (last page this line: number only) ..... \$ 6249.50

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full) **MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Charles Taylor for Congress Committee PO Box 2355 Asheville, NC 28802	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7-22-94	\$500
Citizens for Watch 3015 N. 114th St Milwaukee, WI 53224	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-31-94 9-20-94	\$500 \$500
Myers for Congress P.O. Box 11 Covington IN 47932	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-13-94	\$1,000
Friends of New Gingrich 1085 Holcomb Bridge Rd #190 Roswell GA 30062	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-20-94	\$500
Friends of Bob Livingston PO Box 6329 New Orleans, LA 70174	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-20-94	\$500
Duncan for Congress PO Box 2646 Knoxville, TN 37901	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-20-94	\$500
Keep Nick Rahall in Congress P.O. Box 64 Beckley, WV 25801	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-94	\$1,000
Jimmy Hayes for Congress PO Box 30475 Lafayette, LA 70592	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-94	\$1,000
Vucanovich for Congress 3995 S. McCANN Reno, NV 89502	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-21-94	\$500

SUBTOTAL of Disbursements This Page (optional)

6,500

TOTAL This Period (last page this line number only)

\$9,000

4  
2  
1  
0  
2  
4  
3  
2  
1  
0  
4  
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4  
0  
2  
4

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2  
FOR LINE NUMBER 22

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) **MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS**

94037281625

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Inhofe 1924 S Utica, Suite 520 Tulsa, OK 74104	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-26-94	\$1,000
Friends of Jack Kingston 7360 Skidaway Rd, D-5 Savannah, GA 31406	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-27-94	\$500
Friends of Conrad Burns PO Box 3311 Billings, MT 59103	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9-29-94	\$1,000

SUBTOTAL of Disbursements This Page (optional)	\$2,500
TOTAL This Period (last page of line number only)	

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

10/15/94

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

PK4  
PREPARER

10/15/94  
DATE PREPARED

9403281626