For Other Than an Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
MEBA POLITICAL ACTION FUND
ADDRESS (number and street) Check if different than previously reported
233 E. REDWOOD STREET, SUITE 801
CITY, STATE and ZIP CODE
BALTIMORE, MD. 21202

2. FEC IDENTIFICATION NUMBER
C 00279380

3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on (date)

## 4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[X] 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

| | | |
|---|---|---|
| [X] 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 election on _____ (Type of Election) in the State of _____

[ ] Thirteen 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 JAN. 1, 1993 through JAN. 31, 1993 | | |
| 6. | (a) Cash on Hand January 1, 1993 | | $ X |
| | (b) Cash on Hand at Beginning of Reporting Period | $ X | |
| | (c) Total Receipts (from Line 19) | $ X | $ X |
| | (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ X | $ X |
| 7. | Total Disbursements (from Line 30) | $ X | $ X |
| 8. | Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ X | $ X |
| 9. | Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | $ X | |
| 10. | Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | $ X | |

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
JOEL E. BEM

Signature of Treasurer

Date
2-17-93

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
(rev. 3/1/93)

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 2-17-93 |
| ☐ | 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 |

S.L.B. — PREPARER

3-18-93 — DATE PREPARED

FEC FORM 70 2 (12/94)

2 5 3 8 2 9 4 6 3 3