

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

APR 15 5 57 AM '94

|  |   |
|--|---|
| <b>1. NAME OF COMMITTEE (in full)</b><br>COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE                           |   |
| <b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported<br>1350 EYE STREET, NW | <b>2. FEC IDENTIFICATION NUMBER</b><br>CD0274944  |
| <b>CITY, STATE and ZIP CODE</b><br>WASHINGTON, DC 20005  | <b>3.</b> <input checked="" type="checkbox"/> 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:
- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20         | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20            | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input checked="" type="checkbox"/> April 20 | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20              | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|---|-------------------------|---|
| 5. Covering Period <u>03/01/94</u> through <u>03/31/94</u>                                    |                         |   |
| 6. (a) Cash on Hand January 1, 19 <u>94</u>   |                         | \$ 125,338.59   |
| (b) Cash on Hand at Beginning of Reporting Period   | \$ 150,545.59           |   |
| (c) Total Receipts (from Line 10)   | \$ 16,754.00            | \$ 45,464.00  |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)      | \$ 167,299.59           | \$ 170,802.59   |
| 7. Total Disbursements (from Line 30)   | \$ 3,001.50             | \$ 6,504.50   |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                 | \$ 164,298.09           | \$ 164,298.09   |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)  | \$ 0                    | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9530<br>Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) | \$ 0                    |   |

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<br>JAYNE A. HART - ASSISTANT TREASURER | Date     |
| Signature of Treasurer<br>   | 04/07/94 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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

(revised 1/1/91)

| NAME OF COMMITTEE<br>COLLEGE OF AMERICAN PATHOLOGISTS<br>POLITICAL ACTION COMMITTEE       |           | REPORT COVERING PERIOD<br>FROM 03/01/94 TO 03/31/94 |                           |
|---|-----------|---|---------------------------|
|   |           | COLUMN A<br>Total This Period                       | COLUMN B<br>Calendar Year |
| <b>I. Receipts</b>  |           |   |                           |
| 11. Contributions (other than loans) From:  |           |   |                           |
| a. Individual/Persons Other Than Political Committees                                     |           |   |                           |
| i. Itemized (use Schedule A)  | 8,299.00  | 20,799.00   |                           |
| ii. Unitemized  | 7,955.00  | 24,165.00   |                           |
| iii. Total (add i and ii) >   | 16,254.00 | 44,964.00   |                           |
| b. Political Party Committees   | 0         | 0   |                           |
| c. Other Political Committees (such as PACs)  | 0         | 0   |                           |
| d. Total Contributions (add a iii, b and c) >   | 16,254.00 | 44,964.00   |                           |
| 12. Transfers From Affiliated/Other Party Committees                                      | 0         | 0   |                           |
| 13. All Loans Received  | 0         | 0   |                           |
| 14. Loan Repayments Received  | 0         | 0   |                           |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)                            | 0         | 0   |                           |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees    | 500.00    | 500.00  |                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.)                                    | 0         | 0   |                           |
| 18. Transfers from Nonfederal Account for Joint Activity                                  | 0         | 0   |                           |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >                            | 16,754.00 | 45,464.00   |                           |
| 20. Total Federal Receipts (subtract line 18 from line 19) >                              | 16,754.00 | 45,464.00   |                           |
| <b>II. Disbursements</b>  |           |   |                           |
| 21. Operating Expenditures:   |           |   |                           |
| a. Shared Federal/Non-Federal Activity (from Schedule H4)                                 |           |   |                           |
| i. Federal Share  | 0         | 0   |                           |
| ii. Non-Federal Share   | 0         | 0   |                           |
| b. Other Federal Operating Expenditures   | 1.50      | 4.50  |                           |
| c. Total Operating Expenditures (add a i, a ii, and b) >                                  | 1.50      | 4.50  |                           |
| 22. Transfers to Affiliated/Other Party Committees  | 0         | 0   |                           |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees         | 3,000.00  | 6,500.00  |                           |
| 24. Independent Expenditures (use Schedule E)   | 0         | 0   |                           |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0         | 0   |                           |
| 26. Loan Repayments Made  | 0         | 0   |                           |
| 27. Loans Made  | 0         | 0   |                           |
| 28. Refunds of Contributions To:  |           |   |                           |
| a. Individual/Persons Other Than Political Committees                                     | 0         | 0   |                           |
| b. Political Party Committees   | 0         | 0   |                           |
| c. Other Political Committees (such as PACs)  | 0         | 0   |                           |
| d. Total Contribution Refunds (add a, b and c) >  | 0         | 0   |                           |
| 29. Other Disbursements   | 0         | 0   |                           |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >                  | 3,001.50  | 6,504.50  |                           |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) >                    | 3,001.50  | 6,504.50  |                           |
| <b>III. Net Contributions/Operating Expenditures</b>                                      |           |   |                           |
| 32. Total Contributions (other than loans)(from line 11d)                                 | 16,254.00 | 44,964.00   |                           |
| 33. Total Contribution Refunds (from line 28d)  | 0         | 0   |                           |
| 34. Net Contributions (other than loans)(subtract line 33 from 32)                        | 16,254.00 | 44,964.00   |                           |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) >                          | 1.50      | 4.50  |                           |
| 36. Offsets to Operating Expenditures (from line 15)                                      | 0         | 0   |                           |
| 37. Net Operating Expenditures (subtract line 36 from 35) >                               | 1.50      | 4.50  |                           |

94038915659

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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.  
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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

| Name, mailing address,<br>and zip code                                    | Employer and<br>occupation                           | Date     | Amount |
|---|--|----------|--------|
| CHARLES H. AUST, JR.<br>2125 SYCAMORE HILLS DRIVE<br>FORT WAYNE, IN 46804 | PATHOLOGIST<br>FAIRFIELD PATHOLOGY,<br>INC.          | 03/08/94 | 299.00 |
| PRIM.    GEN.    OTHER  | AGGREGATE Y-T-D                                      |          | 299.00 |
| DESIREE CARLSON<br>73 BONAD ROAD<br>WEST NEWTON, MA 02155                 | PATHOLOGIST<br>CARLSON PATHOLOGY<br>ASSOCIATES, PC   | 03/08/94 | 500.00 |
| PRIM.    GEN.    OTHER  | AGGREGATE Y-T-D                                      |          | 500.00 |
| CRAIG A. DISE<br>42 NESTLING WOOD DRIVE<br>LONG VALLEY, NJ 07853          | PATHOLOGIST<br>MORRISTOWN PATHOLOGY<br>ASSOCIATES    | 03/16/94 | 300.00 |
| PRIM.    GEN.    OTHER  | AGGREGATE Y-T-D                                      |          | 300.00 |
| JEFFREY D. GOLDSTEIN<br>2656 BEAUCLERC ROAD<br>JACKSONVILLE, FL 32247     | PATHOLOGIST<br>JACKSONVILLE PATHOLOGY<br>CONSULTANTS | 03/16/94 | 300.00 |
| PRIM.    GEN.    OTHER  | AGGREGATE Y-T-D                                      |          | 300.00 |
| MARK A. GRATHWOHL<br>ROCKLEDGE DRIVE<br>BREWSTER, NY 10509                | PATHOLOGIST<br>SELF-EMPLOYED                         | 03/16/94 | 250.00 |
| PRIM.    GEN.    OTHER  | AGGREGATE Y-T-D                                      |          | 250.00 |

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## COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

| Name, mailing address,<br>and zip code                              | Employer and<br>occupation                         | Date     | Amount |
|---|--|----------|--------|
| RICHARD J. HAUSNER<br>10655 STEEPLETOP DRIVE<br>HOUSTON, TX 77065   | PATHOLOGIST<br>CYPRESS FAIRBANKS<br>MEDICAL CENTER | 03/08/94 | 500.00 |
| PRIM.    GEN.    OTHER  | AGGREGATE Y-T-D                                    |          | 500.00 |
| GENE N. HERBEK<br>2720 STONE PARK BOULEVARD<br>SIOUX CITY, IA 51104 | PATHOLOGIST<br>PATHOLOGY MEDICAL<br>SERVICES       | 03/16/94 | 300.00 |
| PRIM.    GEN.    OTHER  | AGGREGATE Y-T-D                                    |          | 300.00 |
| CHARLES M. KARPAS<br>6075 PELICAN BAY BOULEVARD<br>NAPLES, FL 33963 | PATHOLOGIST<br>NAPLES COMMUNITY<br>HOSPITAL        | 03/23/94 | 500.00 |
| PRIM.    GEN.    OTHER  | AGGREGATE Y-T-D                                    |          | 500.00 |
| MICHAEL E. LAMM<br>2856 GLENGARY ROAD<br>SHAKER HEIGHTS, OH 44120   | PATHOLOGIST<br>CASE WESTERN RESERVE<br>UNIVERSITY  | 03/08/94 | 250.00 |
| PRIM.    GEN.    OTHER  | AGGREGATE Y-T-D                                    |          | 250.00 |
| MICHAEL J. MYHRE<br>10455 WEST HINSDALE<br>BOISE, ID 83704          | PATHOLOGIST<br>ST. ALPHONSUS MEDICAL<br>CENTER     | 03/08/94 | 250.00 |
| PRIM.    GEN.    OTHER  | AGGREGATE Y-T-D                                    |          | 250.00 |

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

| Name, mailing address,<br>and zip code                             | Employer and<br>occupation                       | Date     | Amount  |
|--|--|----------|---------|
| CONSTANTINE A. PAPPAS<br>35 EVERETT AVENUE<br>WINCHESTER, MA 01890 | PATHOLOGIST<br>SELF-EMPLOYED                     | 03/16/94 | 300.00  |
| PRIM. GEN. OTHER   | AGGREGATE Y-T-D                                  |          | 300.00  |
| HUGO C. PRIBOR<br>200 OLIVE BRANCH ROAD<br>NASHVILLE, TN 37205     | PATHOLOGIST<br>ASSOCIATED PATHOLOGISTS,<br>PC    | 03/16/94 | 500.00  |
| PRIM. GEN. OTHER   | AGGREGATE Y-T-D                                  |          | 500.00  |
| THOMAS G. PUCKETT<br>P.O. BOX 1549<br>HATTIESBURG, MS 39402        | PATHOLOGIST<br>PUCKETT LABORATORY                | 03/16/94 | 500.00  |
| PRIM. GEN. OTHER   | AGGREGATE Y-T-D                                  |          | 500.00  |
| FRED W. REINEKE<br>230 NURMI DRIVE<br>FORT LAUDERDALE, FL 33301    | PATHOLOGIST<br>SELF-EMPLOYED                     | 03/08/94 | 1000.00 |
| PRIM. GEN. OTHER   | AGGREGATE Y-T-D                                  |          | 1000.00 |
| RICHARD A. SAVAGE<br>1 EARLDOM WAY<br>GETZVILLE, NY 14068          | PATHOLOGIST<br>CENTER FOR LABORATORY<br>MEDICINE | 03/16/94 | 500.00  |
| PRIM. GEN. OTHER   | AGGREGATE Y-T-D                                  |          | 500.00  |

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COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

| Name, mailing address,<br>and zip code                                 | Employer and<br>occupation                          | Date     | Amount |
|--|---|----------|--------|
| JAMES A. SEAB, JR.<br>4 GREENTREE<br>PITTSFORD, NY 14534               | PATHOLOGIST<br>MUHLBAUER DERMOPATH<br>LAB           | 03/23/94 | 250.00 |
| PRIM. GEN. OTHER   | AGGREGATE Y-T-D                                     |          | 250.00 |
| CHARLES E. SLOAKER<br>14672 S. COUNTRYWOOD DRIVE<br>GULFPORT, MS 39503 | PATHOLOGIST<br>SELF-EMPLOYED                        | 03/16/94 | 500.00 |
| PRIM. GEN. OTHER   | AGGREGATE Y-T-D                                     |          | 500.00 |
| JAMES A.E. SPENCER<br>432 FIELD POINT ROAD<br>GREENWICH, CT 06830      | PATHOLOGIST<br>SELF-EMPLOYED                        | 03/16/94 | 300.00 |
| PRIM. GEN. OTHER   | AGGREGATE Y-T-D                                     |          | 300.00 |
| GORDON V. WEBB<br>5993 EAST IRWIN PLACE<br>ENGLEWOOD, CO 80112         | PATHOLOGIST<br>ROCKY MOUNTAIN<br>PATHOLOGY SERVICES | 03/16/94 | 500.00 |
| PRIM. GEN. OTHER   | AGGREGATE Y-T-D                                     |          | 500.00 |
| J.S. WILKENFELD<br>P.O. BOX 55008<br>HOUSTON, TX 77255                 | PATHOLOGIST<br>SELF-EMPLOYED                        | 03/23/94 | 500.00 |
| PRIM. GEN. OTHER   | AGGREGATE Y-T-D                                     |          | 500.00 |

TOTAL ITEMIZED LINE 11a

8299.00

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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 16

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)**

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

94038915644

| A. Full Name, Mailing Address and ZIP Code<br>Sundquist Committee<br>P.O. Box 17640<br>Memphis, TN 38187<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | Name of Employer<br>Refund of contribution to federal candidate<br>Occupation<br>Aggregate Year-to-Date > \$ | Date (month, day, year)<br>03/08 | Amount of Each Receipt this Period<br>500.00 |
|---|--|----------------------------------|--|
| B. Full Name, Mailing Address and ZIP Code<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$  | Date (month, day, year)          | Amount of Each Receipt this Period           |
| C. Full Name, Mailing Address and ZIP Code<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$  | Date (month, day, year)          | Amount of Each Receipt this Period           |
| D. Full Name, Mailing Address and ZIP Code<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$  | Date (month, day, year)          | Amount of Each Receipt this Period           |
| E. Full Name, Mailing Address and ZIP Code<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$  | Date (month, day, year)          | Amount of Each Receipt this Period           |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$  | Date (month, day, year)          | Amount of Each Receipt this Period           |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > \$  | Date (month, day, year)          | Amount of Each Receipt this Period           |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           |        |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 500.00 |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21b

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)**

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

94038915645

| A. Full Name, Mailing Address and ZIP Code                       | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Crestar Bank<br>1455 New York Avenue, NW<br>Washington, DC 20005 | Bank charges<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 03/31                   | 1.50                                    |
| B. Full Name, Mailing Address and ZIP Code                       | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code                       | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code                       | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      |      |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 1.50 |



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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 committees.

**NAME OF COMMITTEE (in Full)**

COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE

24038915646

| A. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Friends of Kent Conrad<br>112-B East Broad Street<br>Falls Church, VA 22046          | Contribution: Senate   | 03/08                   | 2,000.00                                |
|  | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ND    |                         |   |
| Martin Frost Campaign Committee<br>555 New Jersey Avenue, NW<br>Washington, DC 20001 | Contribution: House  | 03/23                   | 500.00                                  |
|  | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) TK-24 |                         |   |
| Levin for Congress<br>P.O. Box 990<br>Washington, DC 20044                           | Contribution: House  | 03/23                   | 500.00                                  |
|  | Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) MI-12 |                         |   |
| D. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  |                         |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

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

3,000.00

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

*4-15-84*

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

*JMH*

PREPARER

*4-16-84*

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