# 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)
E + S Federal Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
10330 Regency Parkway

CITY, STATE and ZIP CODE
Omaha NE 68114

2. FEC IDENTIFICATION NUMBER
C00183426

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 7/1/93 through 12/31/93 | | |
| 6. (a) Cash on Hand January 1, 1993 | | $ 478.64 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 1,369.24 | |
| (c) Total Receipts (from Line 19) | $ 935.00 | $ 1,935.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 2,304.24 | $ 2,413.64 |
| 7. Total Disbursements (from Line 30) | $ 384.96 | $ 494.36 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 1,919.28 | $ 1,919.28 |
| 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
Michael Washburn

Signature of Treasurer
[signature]

Date 4/18/94

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)

FF4AN101

9 4 0 3 8 9 5 1 5 3 8

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

(revised 1/1/91)

NAME OF COMMITTEE: E & S Federal PAC

REPORT COVERING PERIOD FROM 7/1/93 TO 12/31/93

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year | |
|---|---|---|---|
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | | | 11i |
| ii. Unitemized | 935.00 | 1,935.00 | 11ii |
| iii. Total (add i and ii) ➤ | 935.00 | 1,935.00 | 11iii |
| b. Political Party Committees | | | 11b |
| c. Other Political Committees (such as PACs) | | | 11c |
| d. Total Contributions (add a iii, b and c) ➤ | 935.00 | 1,935.00 | 11d |
| 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.) | | | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 935.00 | 1,935.00 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 935.00 | 1,935.00 | 20 |
| **II. Disbursements** | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | | | 21i |
| ii. Non-Federal Share | | | 21ii |
| b. Other Federal Operating Expenditures | | | 21b |
| c. Total Operating Expenditures (add a i, a ii, and b) ➤ | | 9.40 | 21c |
| 22. Transfers to Affiliated/Other Party Committees | | 9.40 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | | | 23 |
| 24. Independent Expenditures (use Schedule E) | 350.00 | 460.00 | 24 |
| 25. Coordinated Expenditures Made by Party Committees [2 U.S.C. 441a(d)] (use Schedule F) | 34.96 | 34.96 | 25 |
| 26. Loan Repayments Made | | | 26 |
| 27. Loans Made | | | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | | | 28a |
| b. Political Party Committees | | | 28b |
| c. Other Political Committees (such as PACs) | | | 28c |
| d. Total Contribution Refunds (add a, b and c) ➤ | | | 28d |
| 29. Other Disbursements | | | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 384.96 | 494.36 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 384.96 | 494.36 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 935.00 | 1,935.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | | | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 935.00 | 1,935.00 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤ | | 9.40 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | | | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) ➤ | | 9.40 | 37 |

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**SCHEDULE A** **ITEMIZED RECEIPTS**

| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE OF |
|---|---|
| | FOR LINE NUMBER |

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)**

E & S Federal Political Action Committee

| | | | |
|---|---|---|---|
| **A. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |
| **B. Full Name, Mailing Address and ZIP Code**<br>Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date > $ | Date (month, day, year) | Amount of Each Receipt this Period |

| | |
|---|---|
| **SUBTOTAL** of Receipts This Page (optional) | 0 |
| **TOTAL** This Period (last page this line number only) | 0 |

9 4 0 3 8 9 6 1 5 4 0

**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE OF

FOR LINE NUMBER

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)

E & S Federal Political Action Committee

| | | | |
|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code<br>Jon Christensen for Congress | Purpose of Disbursement<br>Contribution<br>Disbursement for: ☑ Primary ☐ General ☐ Other (specify) | Date (month, day, year)<br>8/31/93 | Amount of Each Disbursement This Period<br>250.00 |
| B. Full Name, Mailing Address and ZIP Code<br>Brad Ashford for Congress | Purpose of Disbursement<br>Contribution<br>Disbursement for: ☑ Primary ☐ General ☐ Other (specify) | Date (month, day, year)<br>11/8/93 | Amount of Each Disbursement This Period<br>100.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement<br>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<br>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<br>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<br>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<br>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<br>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<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) | 350.00 |
| TOTAL This Period (last page this line number only) | 350.00 |

9 4 0 3 8 2 6 1 6 4 1

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**SCHEDULE C**
(Revised 3/80)

# LOANS

Page ____ of ____ for
LINE NUMBER ____
(Use separate schedules for each numbered line)

Name of Committee (in Full)
E & S Federal Political Action Committee

| A. Full Name, Mailing Address and ZIP Code of Loan Source | Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|---|
| Election: ☐ Primary ☐ General ☐ Other (specify): | | | |

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) Secured

| List All Endorsers or Guarantors (if any) to Item A | | | |
|---|---|---|---|
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: $ | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: $ | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: $ | | |

| B. Full Name, Mailing Address and ZIP Code of Loan Source | Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|---|---|---|---|
| Election: Primary ☐ General ☐ Other (specify): | | | |

Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr) Secured

| List All Endorsers or Guarantors (if any) to Item B | | | |
|---|---|---|---|
| 1. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: $ | | |
| 2. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: $ | | |
| 3. Full Name, Mailing Address and ZIP Code | Name of Employer | | |
| | Occupation | | |
| | Amount Guaranteed Outstanding: $ | | |

SUBTOTALS This Period This Page (optional) ..... 0

TOTALS This Period (last page in this line only) ..... 0

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

9 4 0 3 8 9 6 1 5 4 2

**SCHEDULE D**
(Revised 3/80)

# DEBTS AND OBLIGATIONS
## Excluding Loans

Page ____ of ____ for
LINE NUMBER ____
(Use separate schedules for each numbered line)

| Name of Committee (in Full) E & S Federal Political Action Cmte. | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---|---|---|---|---|
| A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |
| F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor | | | | |
| Nature of Debt (Purpose): | | | | |

| | |
|---|---|
| 1) SUBTOTALS This Period This Page (optional) | 0 |
| 2) TOTALS This Period (last page in this line only) | 0 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | 0 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | 0 |

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SCHEDULE E

# ITEMIZED INDEPENDENT EXPENDITURES

(See Reverse Side for Instructions)

Page ____ of ____ Pages

Name of Committee (in Full)

E*S Federal Political Action Committe

| Full Name, Mailing Address & ZIP Code of Each Payee | Purpose of Expenditure | Date (month, day, year) | Amount | Name of Federal Candidate supported or opposed by the expenditure & office sought |
|---|---|---|---|---|
| Minuteman | Printing | 10/11/93 | 34.96 | Brad Ashford for Congress ☑ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |
| | | | | ☐ Support ☐ Oppose |

(a) SUBTOTAL of Itemized Independent Expenditures ..... $ 34.96

(b) SUBTOTAL of Unitemized Independent Expenditures ..... $ _____

(c) TOTAL Independent Expenditures ..... $ 34.96

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Signature: [signature] Date: 4/18/94

Subscribed and sworn to before me this 18th day of April, 19 94

My Commission expires: _____

Sandra M Bahr
NOTARY PUBLIC

GENERAL NOTARY-State of Nebraska
SANDRA M. BAHR
My Comm. Exp. Apr. 2, 1996

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**SCHEDULE F**

# ITEMIZED COORDINATED EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENTS(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

Page ___ of ___ for
LINE NUMBER ___

(To be used only by Political Committees in the General Election)

Name of Political Committee (in Full)

K & S Federal Political Action Committee

Has your Committee been designated to make coordinated expenditures by a political party committee? ☐ YES ☐ NO
If YES, name the designating committee:

Full Name, Mailing Address and ZIP Code of Subordinate Committee

| Full Name, Mailing Address and ZIP Code of Each Payee | Name of Federal Candidate Supported, State, District & Office Sought | Purpose of Expenditure | Date (month, day, year) | Amount |
|---|---|---|---|---|
| | Aggregate General Election Expenditure for this Candidate—$ | | | |
| Full Name, Mailing Address and ZIP Code of Each Payee | Name of Federal Candidate Supported, State, District & Office Sought | Purpose of Expenditure | Date (month, day, year) | Amount |
| | Aggregate General Election Expenditure for this Candidate—$ | | | |
| Full Name, Mailing Address and ZIP Code of Each Payee | Name of Federal Candidate Supported, State, District & Office Sought | Purpose of Expenditure | Date (month, day, year) | Amount |
| | Aggregate General Election Expenditure for this Candidate—$ | | | |
| Full Name, Mailing Address and ZIP Code of Each Payee | Name of Federal Candidate Supported, State, District & Office Sought | Purpose of Expenditure | Date (month, day, year) | Amount |
| | Aggregate General Election Expenditure for this Candidate—$ | | | |

SUBTOTAL of Expenditures This Page (optional) .....

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

9 4 1 3 8 9 6 1 5 4 5

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SCHEDULE H1
(revised 5/93)

# METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

E & S Federal PAC

## NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... %

☐ PRESIDENTIAL YEAR (65%)

☐ ALL OTHER YEARS (60%)

## HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ **MINIMUM FEDERAL PERCENTAGE** (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... %

*OR*

☐ **FUNDS EXPENDED:**

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

## SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

**FUNDS EXPENDED:**

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

## STATE AND LOCAL PARTY COMMITTEES

**BALLOT COMPOSITION**

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

| | | NUMBER OF POINTS |
|---|---|---|
| 1. PRESIDENT | ☐ (1 POINT) | |
| 2. U.S. SENATE | ☐ (1 POINT) | |
| 3. U.S. CONGRESS | ☐ (1 POINT) | |
| 4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3) | | |
| 5. GOVERNOR | ☐ (1 POINT) | |
| 6. OTHER STATEWIDE OFFICE(S) | ☐ (1 OR 2 POINTS) | |
| 7. STATE SENATE | ☐ (1 POINT) | |
| 8. STATE REPRESENTATIVE | ☐ (1 POINT) | |
| 9. LOCAL CANDIDATES | ☐ (1 OR 2 POINTS) | |
| 10. EXTRA NON-FEDERAL POINT | ☐ (1 POINT) | |
| 11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) | | |
| 12. TOTAL POINTS (LINE 4 PLUS LINE 11) | | |

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 ..... %

FE4AN101

**SCHEDULE H2**
(effective 1/1/91)

# ALLOCATION RATIOS

| PAGE | OF |
|---|---|
| | |

NAME OF COMMITTEE

E+S Federal PAC

**ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.**

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
|---|---|---|
| ACTIVITY IS: ..... ☐ FUNDRAISING ..... ☐ EXEMPT ..... ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ..... ☐ NEW ..... ☐ REVISED ..... ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ..... ☐ FUNDRAISING ..... ☐ EXEMPT ..... ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ..... ☐ NEW ..... ☐ REVISED ..... ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ..... ☐ FUNDRAISING ..... ☐ EXEMPT ..... ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ..... ☐ NEW ..... ☐ REVISED ..... ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ..... ☐ FUNDRAISING ..... ☐ EXEMPT ..... ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ..... ☐ NEW ..... ☐ REVISED ..... ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ..... ☐ FUNDRAISING ..... ☐ EXEMPT ..... ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ..... ☐ NEW ..... ☐ REVISED ..... ☐ SAME AS PREVIOUSLY REPORTED | | |
| NAME OF ACTIVITY OR EVENT | FEDERAL % | NON-FEDERAL % |
| ACTIVITY IS: ..... ☐ FUNDRAISING ..... ☐ EXEMPT ..... ☐ DIRECT CANDIDATE SUPPORT<br>CHECK IF THE RATIO IS: ..... ☐ NEW ..... ☐ REVISED ..... ☐ SAME AS PREVIOUSLY REPORTED | | |

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**RECEIPT SCHEDULE H3**
(effective 1/1/91)

# TRANSFERS FROM NON-FEDERAL ACCOUNTS

| PAGE | OF |
|---|---|
| FOR LINE 18 | |

NAME OF COMMITTEE: E & S Federal PAC

TOTAL AMOUNT TRANSFERRED: $

NAME OF ACCOUNT:

DATE OF RECEIPT:

| | BREAKDOWN OF TRANSFER RECEIVED | | |
|---|---|---|---|
| | ADMIN./VOTER DRIVE AMOUNT | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT |
| i) Total Administrative/Voter Drive | | | |
| ii) Direct Fundraising (List Events-Amount for Each) | | | |
| a) | | | |
| b) | | | |
| c) | | | |
| d) | | | |
| e) Total Amount Transferred For Direct Fundraising | | | |
| iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each) | | | |
| a) | | | |
| b) | | | |
| c) | | | |
| d) | | | |
| e) Total Amount Transferred For Exempt Activity/Direct Candidate Support | | | |

NAME OF ACCOUNT:

DATE OF RECEIPT:

$

| | BREAKDOWN OF TRANSFER RECEIVED | | |
|---|---|---|---|
| | ADMIN./VOTER DRIVE AMOUNT | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT |
| i) Total Administrative/Voter Drive | | | |
| ii) Direct Fundraising (List Events-Amount for Each) | | | |
| a) | | | |
| b) | | | |
| c) | | | |
| d) | | | |
| e) Total Amount Transferred For Direct Fundraising | | | |
| iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each) | | | |
| a) | | | |
| b) | | | |
| c) | | | |
| d) | | | |
| e) Total Amount Transferred For Exempt Activity/Direct Candidate Support | | | |

| | TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED | | |
|---|---|---|---|
| | ADMIN./VOTER DRIVE AMOUNT | DIRECT FUND-RAISING AMOUNT | EXEMPT ACTIVITY/DCS |
| SUBTOTAL THIS PAGE | | | |
| TOTAL THIS PERIOD | | | |

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**DISBURSEMENT SCHEDULE H4**
(effective 1/1/91)

# JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

| PAGE | OF |
|---|---|
| | |

FOR LINE 21a

NAME OF COMMITTEE

E & S Federal PAC

| A. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
|---|---|---|---|---|---|
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT<br>EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT | | | | | |
| B. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING ☐ EXEMPT<br>EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT | | | | | |
| C. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT<br>EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT | | | | | |
| D. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT<br>EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT | | | | | |
| E. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ADMINISTRATIVE/VOTER DRIVE FUNDRAISING EXEMPT<br>EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT | | | | | |
| F. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| CATEGORY: ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT<br>EVENT YEAR-TO-DATE: $ ☐ DIRECT CANDIDATE SUPPORT | | | | | |
| SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE ..... | | | | | |
| TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii) .... | | | | | |
| TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) ..... | | | | | |

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 4-18-94 |
| ☐ | 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

4-22-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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