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)
Joint Action Committee for Political Affairs

ADDRESS (number and street) ☐ Check if different than previously reported
P.O. Box 105

CITY, STATE and ZIP CODE
Highland Park IL 60035

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE DIVISION
APR 23 8 13 AM '94

2. FEC IDENTIFICATION NUMBER
C00139659

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

5. Covering Period Jan 1 through Mar 31

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 94		$ 56950.55
(b) Cash on Hand at Beginning of Reporting Period	$ 45,555.20	
(c) Total Receipts (from Line 19)	$ 18922.13	$ 43881.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 64477.33	$ 100832.53
7. Total Disbursements (from Line 30)	$ 19294.38	$ 56149.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 44682.95	$ 44682.95
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
John Carey

Signature of Treasurer
John Carey

Date
4-20-94

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)

9403896356

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

(revised 1/1/91)

NAME OF COMMITTEE: Joint Action Committee for Political Affairs

REPORT COVERING PERIOD FROM MAR 1 TO: MAR 31 1994

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)	7,790.00	15,790.00
ii. Unitemized	10,803.00	27,158.00
iii. Total (add i and ii) ➤	18,593.00	42,948.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	18,593.00	42,948.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	243.00	658.19
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	26.13	275.79
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	18,922.13	43,881.98
20. Total Federal Receipts (subtract line 18 from line 19) ➤	18,922.13	43,881.98
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	14,760.93	49,794.53
c. Total Operating Expenditures (add a i, a ii, and b) ➤	14,760.93	49,794.53
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	5033.45	6,355.05
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) ➤	19,794.38	56,149.58
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	19,794.38	56,149.58
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	18,593.00	42,948.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	14,760.93	49,794.53
36. Offsets to Operating Expenditures (from line 15)	243.00	658.19
37. Net Operating Expenditures (subtract line 36 from 35) ➤	14,517.93	49,136.34

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 11 a-6

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NAME OF COMMITTEE (In Full)

JOINT ACTION COMMITTEE FOR POLITICAL AFFAIRS

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code: SUSAN BARR, 86 HIBBARD ROAD, WINNETKA, IL 60093	Name of Employer: NOT EMPLOYED; Occupation: HOMEMAKER	3-24-94	500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEMBERSHIP	Aggregate Year-to-Date $ 500.00		
B. Full Name, Mailing Address and ZIP Code: ELLEN CAMAI, 50 ARNOLD DR, STAMFORD, CT 06905	Name of Employer: BENNETT ASSOC; Occupation: REALTOR	3-14-94	500.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEMBERSHIP	Aggregate Year-to-Date $ 500.00		
C. Full Name, Mailing Address and ZIP Code: ROSANNE DIAMOND, 2660 PEACHTREE RD N.W., ATLANTA, GA 30305	Name of Employer: NOT EMPLOYED; Occupation: VOLUNTEER	3-14-94	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): MEMBERSHIP	Aggregate Year-to-Date $ 300.00		
D. Full Name, Mailing Address and ZIP Code: DEENA GERBER, 7441 JADE STREET, NEW ORLEANS, LA 70124	Name of Employer: SELF-EMPLOYED; Occupation: SOCIAL WORKER	3-14-94	200.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEMBERSHIP	Aggregate Year-to-Date $ 200.00		
E. Full Name, Mailing Address and ZIP Code: ADRIENNE GLAZOV, 555 LONGWOOD AVE, GLENCOE, IL 60022	Name of Employer: NOT EMPLOYED; Occupation: HOUSEWIFE	3-14-94	1,000.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEMBERSHIP	Aggregate Year-to-Date $ 1,000.00		
F. Full Name, Mailing Address and ZIP Code: ETHEL GOFEN, 442 WELLINGTON, CHICAGO, IL 60657	Name of Employer: SELF-EMPLOYED; Occupation:	3-14-94	200.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEMBERSHIP	Aggregate Year-to-Date $ 200.00		
G. Full Name, Mailing Address and ZIP Code: RITA GOLUB, 30 CT OF COBBLESTONE, NORTHBROOK, IL 60062	Name of Employer: NOT EMPLOYED; Occupation:	3-14-94	200.00
Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEMBERSHIP	Aggregate Year-to-Date $ 200		

SUBTOTAL of Receipts This Page (optional) 2,900.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 11a(i)

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NAME OF COMMITTEE (In Full)

JOINT ACTION COMMITTEE FOR POLITICAL APPAIRS

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. ARLENE GROSS 18 ROCK SPRING RD WEST ORANGE, NJ 07052 Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEMBERSHIP	Name of Employer: NOT-EMPLOYED Occupation: HOMEMAKER Aggregate Year-to-Date $ 250.00	3-14-94	250.00
B. BARBARA HOCHBERG 775 N. DEERE PARK WEST HIGHLAND PARK, IL 60035 Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEMBERSHIP	Name of Employer: SPORT MART Occupation: STORE OWNER Aggregate Year-to-Date $ 1500.00	3-24-94	1500.00
C. SANDRA ZIPPY 298 HAWTHORNE LANE WARREN, OH 44484 Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEMBERSHIP	Name of Employer: NOT-EMPLOYED Occupation: Aggregate Year-to-Date $ 200.00	3-24-94	200.00
D. CORINNE RIBAKOFF 311 EVERGLADE AVE PALM BEACH, FL 33480 Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEMBERSHIP	Name of Employer: NOT-EMPLOYED Occupation: Aggregate Year-to-Date $ 200.00	3-24-94	200.00
E. ANNE SANDLER 536 REDGATE AVE NORFOLK, VA 23507 Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEMBERSHIP	Name of Employer: NOT EMPLOYED Occupation: HOMEMAKER Aggregate Year-to-Date $ 1,000.00	3-14-94	1,000.00
F. JOYCE HIRSCH 231 SUMMERFIELD NORTHBROOK, IL 60062 Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEMBERSHIP	Name of Employer: NOT-EMPLOYED Occupation: Aggregate Year-to-Date $ 250.00	3-14-94	250.00
G. DARYL L. SCHELLY 234 RED COACH NORTHBROOK, IL 60062 Receipt For: ☐ Primary ☐ General ☒ Other (specify): MEMBERSHIP	Name of Employer: NOT EMPLOYED Occupation: HORSE RACE Aggregate Year-to-Date $ 250.00	3-14-94	250.00

SUBTOTAL of Receipts This Page (optional) 3650.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 11 a ii

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NAME OF COMMITTEE (In Full): JOINT ACTION COMMITTEE FOR POLITICAL AFFAIRS

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. OLIVIA SHAPIRO, 1960 BURR OAKS LANE, HIGHLAND PARK, IL 60035	NOT EMPLOYED / HOMEMAKER	3-24-94	290.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): MEMBERSHIP	Aggregate Year-to-Date $ 290.00		
B. MRS. PAUL STONE, 3 POYDRAS ST APT 12G, NEW ORLEANS, LA 30130	NOT EMPLOYED / HOUSEWIFE	3-24-94	200.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): MEMBERSHIP	Aggregate Year-to-Date $ 200.00		
C. RUTH F WANDER, 2023 LINDEN AVE, HIGHLAND PARK, IL 60035	NOT EMPLOYED / HOMEMAKER	3-14-94	200.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): MEMBERSHIP	Aggregate Year-to-Date $ 200.00		
D. SHERRIE WILLNER, 1301 PROSPECT HILL RD, VILLANOVA, PA 19085	NOT EMPLOYED / HOMEMAKER	3-14-94	350.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): MEMBERSHIP	Aggregate Year-to-Date $ 350.00		
E. PATSY WINICOUR, 380 CARLISLE, DEERFIELD, IL 60015	CANCER WELLNESS CENTER / DIRECTOR	3-4-94	200.00
Receipt For: [ ] Primary [ ] General [X] Other (specify): MEMBERSHIP	Aggregate Year-to-Date $ 200.00		
F.			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
G.			
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	1240.00
TOTAL This Period (last page this line number only)	7,790.00

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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 15

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NAME OF COMMITTEE (in Full)

Joint Action Committee for Political Affairs

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. LINDA RAE SHER 2355 N. Commonwealth Chicago, IL 60614 Receipt For: Primary / General / Other (specify): Reimbursement	Associated Jewish Community Fed. of Baltimore Occupation: Travel Reimbursement Aggregate Year-to-Date $ 243.00	3-21-94	243.00
B. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / 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: Primary / General / 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: Primary / General / 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: Primary / General / 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: Primary / General / 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) 243.00

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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 17

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NAME OF COMMITTEE (in Full)

JOINT ACTION COMMITTEE FOR POLITICAL AFFAIRS

A. Full Name, Mailing Address and ZIP Code MANUFACTURERS BANK 1200 N ASHLAND CHICAGO, IL 60622-2249 Receipt For: ☐ Primary ☐ General ☒ Other (specify): INTEREST	Name of Employer N/A Occupation Aggregate Year-to-Date $ 212.69	Date (month, day, year) 3-31-94	Amount of Each Receipt this Period 64.44
B. Full Name, Mailing Address and ZIP Code THE RESERVE FUND 810 SEVENTH AVE NEW YORK NY 10010 Receipt For: ☐ Primary ☐ General ☒ Other (specify): DIVIDENDS	Name of Employer N/A Occupation Aggregate Year-to-Date $ 63.10	Date (month, day, year) 3-25-94	Amount of Each Receipt this Period 21.69
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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) 86.13

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (in Full)

JOINT ACTION COMMITTEE FOR POLITICAL AFFAIRS

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. AMERITECH P.O. BOX 2500 BEDFORD PARK, IL 60499-2500	PHONE Disbursement for: Primary General Other (specify)	3-24-94	179.36
B. MARCIA BALONICK 369 CHARAL LANE HIGHLAND PARK, IL 60035	SALARY Disbursement for: Primary General Other (specify)	3-18-94 3-31-94	930.20 930.20
C. COMMONWEALTH EDISON BILL PAYMENT CENTER CHICAGO, IL 60668-0001	UTILITY Disbursement for: Primary General Other (specify)	3-22-94	86.04
D. COMPUTER/SHARE, INC 1500 SHORE BLVD NORTHBROOK, IL 60062	COMPUTER PRINTOUTS Disbursement for: Primary General Other (specify)	3-24-94	174.15
E. KATHY EMANUEL 2160 SHERIDAN RD HIGHLAND PARK, IL 60035	SALARY Disbursement for: Primary General Other (specify)	3-18-94 3-31-94	336.32 336.32
F. KAREN GROSSMAN 2846 KATHLEEN LANE FLOSSMOOR, IL 60422	SALARY Disbursement for: Primary General Other (specify)	3-18-94 3-31-94	298.64 298.64
G. KAREN GROSSMAN 2846 KATHLEEN LANE FLOSSMOOR, IL 60422	POSTAGE TELEPHONE CHARGE Disbursement for: Primary General Other (specify)	3-01-94 3-07-94	300.00 59.93
H. KATHY QUIVEY 36 TURNBOW WOODS CT HIGHLAND PARK, IL 60035	SALARY Disbursement for: Primary General Other (specify)	3-18-94 3-31-94	591.87 591.87
I. KENNS QUICK PRINT, INC. 2434 OLD SHORE RD. HIGHLAND PARK, IL 60035	PRINTING Disbursement for: Primary General Other (specify)	3-24-94 3-24-94 3-30-94	1,294.05 398.05 - 896.65

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 4

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

JOINT ACTION COMMITTEE FOR POLITICAL AFFAIRS

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. JOY MALKUS 985 FOREST WAY GLENCOE, IL 60022	SALARY Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-18-94 3-31-94	352.57 352.57
B. MANUFACTURERS BANK 1200 W. ASHLAND CHICAGO, IL 60622	TAXES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-1-94 3-1-94 3-7-94	238.55 1884.94 311.00
C. I. MATTI C/O DONNA GROUP 1110 21ST ST. N.W. WASHINGTON, DC. 20036	DEPOSIT WASHINGTON CONFERENCE DINNER Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-30-94	500.00
D. ALYSSA MOGOL 898 BRIDLEGATE LANE NORTHFIELD, IL 60093	SALARY Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-10-94 3-23-94	484.96 476.94
E. NORTH SHORE GAS P.O. BOX D CHICAGO, IL 60690-3991	UTILITY Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-22-94	102.91
F. OFFICE MAX P.O. BOX 182378 COLUMBUS, OH 43218-2378	OFFICE SUPPLIES Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-22-94 3-30-94	68.92 87.20
G. POSTAGE BY PHONE P.O. BOX 7900071 ST. LOUIS, MO 63179	METER-POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-16-94	1,000.00
H. POSTMASTER WINNETKA 512 CHESTNUT WINNETKA, IL 60093	POSTAGE Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-30-94	322.71
I. ALVIN RICHMAN 472 BURTON HIGHLAND PARK, IL 60035	RENT Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-1-94	1125.00

SUBTOTAL of Disbursements This Page (optional) ..... [illegible]

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4

FOR LINE NUMBER 21 b

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NAME OF COMMITTEE (in Full)

JOINT ACTION COMMITTEE FOR POLITICAL AFFAIRS

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code LINDA RAE SHER 2355 N COMMONWEALTH CHICAGO, IL 60614	SALARY Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-31-94	852.85
B. Full Name, Mailing Address and ZIP Code SPRINT P.O. BOX 650338 DALLAS, TX 75265-0538	Telephone Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-24-94	462.59
C. Full Name, Mailing Address and ZIP Code AMERICAN BANK CARD CENTER 191 WAUKEGAN ROAD NORTHFIELD, IL 60093	Services-Machines Debit - BANK CARD Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-4-94 3-4-94 3-10-94 3-7-94	51.60 28.75 16.55 7.50
D. Full Name, Mailing Address and ZIP Code KEN'S QUICK PRINT INC. 1434 OLD SKOKIE RD HIGHLAND PARK, IL 60035	Printing "in kind (in)" Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-24-94	-(1623.43)
E. Full Name, Mailing Address and ZIP Code PROMPT SERVICES 426 S. CLINTON CHICAGO, IL 60607	Handling "in kind" Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-4-94	-(194.00)
F. Full Name, Mailing Address and ZIP Code POSTMASTER WINNETKA POSTMASTER CHICAGO 1241 NOLS	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3-10 3-30 3-1	-(116.00) -(322.71) -(297.31)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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 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 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	-2533.42 142924
TOTAL This Period (last page this line number only)	16421.20 13887.78

9403896365

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

VIPS.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PAN HAMBURG 1330 BONNIEVIEW RD UKIAH CA. 95482	Joint Agency Fundraiser Reimburse travel Reissue lost check Disbursement for: ☐ Primary ☐ General ☐ Other (specify) DAILY PLC CK	3-31-94 11-24-93	(438.50)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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 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 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 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 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 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 Disbursement for: ☐ Primary ☐ General ☐ 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) 13887.78

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Joint Action Committee for Political Affairs

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary / General / Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Hyatt Committee 1215 Superior Ave Cleveland, OH 44114	Printing, Postage Disbursement for: Primary / General / Other (specify) In Kind	3/24/94 3/	7.90 23.20
B. Lautenberg Committee one Gateway Center Newark, NJ 07102	Printing, Postage Disbursement for: Primary / General / Other (specify) In Kind	3/24/94	7.90 23.20
C. Robb for the Senate 612 Chain Bridge Road McLean, VA 22101	Printing, Postage Disbursement for: Primary / General / Other (specify) In Kind	3/24/94	7.90 23.20
D. Karen Shepherd for Congress 1261 second Ave Salt Lake City, UT 84103	Printing, Postage Disbursement for: Primary / General / Other (specify) In Kind	3/24/94	7.90 23.20
E. Friends of Alan Wheat 8612 E. 63rd st Kansas City, Mo 64133	Printing, Postage Disbursement for: Primary / General / Other (specify) In Kind	3/24/94	7.90 23.20
F. Luis Gutierrez for Congress 4452 West Diversey Ave Chicago, Il 60639	Printing, Postage, Handling Disbursement for: Primary / General / Other (specify) In Kind	3/24/94	155.93 43.50 35.19 4.75 74.33
G. Feinstein for Senate '94 909 Montgomery Street San Francisco, CA 94133	Printing, Postage, Handling Disbursement for: Primary / General / Other (specify) In Kind	3/24/94	155.93 43.50 35.19 4.75 74.33
H. Friends of Jane Harman PO Box 91075 Los Angeles, CA 90009	Printing, Postage, Handling Disbursement for: Primary / General / Other (specify) In Kind	3/24/94	155.93 35.19 43.50 4.75 74.33
I. Tony Smith for Congress 550 W 7th Ave Suite 1580 Anchorage, AK 99501	Printing, Postage, Handling Disbursement for: Primary / General / Other (specify) In Kind	3-24-94	155.93 35.19 4.75 74.33 43.50

SUBTOTAL of Disbursements This Page (optional) 1410.30

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

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Joint Action Committee for Political Affairs

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Leslie Byrne for Congress PO Box 2612 Falls Church, VA 22042	Printing, Postage Disbursement for: [ ] Primary [ ] General [ ] Other (specify) In Kind	3-30-94 3-31-94	128.14, 28.15 3.80 64.54
B. Full Name, Mailing Address and ZIP Code Sam Gejdenson Re-election Committee PO Box 1818 Bozrah, CT 06334	Purpose of Disbursement Printing Postage Disbursement for: [ ] Primary [ ] General [ ] Other (specify) In Kind	Date (month, day, year) 3-30-94 3-31-94	Amount of Each Disbursement This Period 128.14, 28.15 3.80, 64.54
C. Full Name, Mailing Address and ZIP Code Nagle U.S. Congress Committee PO Box 792 Waterloo, IA 50704	Purpose of Disbursement Printing Postage Disbursement for: [ ] Primary [ ] General [ ] Other (specify) In Kind	Date (month, day, year) 3-30-94 3-31-94	Amount of Each Disbursement This Period 128.14, 28.15 3.80 64.54
D. Full Name, Mailing Address and ZIP Code People for Marty Stone PO Box 22557 Santa Barbara, CA 93121	Purpose of Disbursement Printing Postage Disbursement for: [ ] Primary [ ] General [ ] Other (specify) In Kind	Date (month, day, year) 3-30-94 3-31-94	Amount of Each Disbursement This Period 128.14, 28.15 3.80 64.54
E. Full Name, Mailing Address and ZIP Code Jolene Unsoeld Campaign PO Box 10231 Olympia, WA 98502	Purpose of Disbursement Printing Postage Disbursement for: [ ] Primary [ ] General [ ] Other (specify) In Kind	Date (month, day, year) 3-30-94 3-31-94	Amount of Each Disbursement This Period 128.14, 28.15 3.80 64.54
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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 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 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 Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 1123.15

TOTAL This Period (last page this line number only) 2533.45

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

JOINT ACTION COMMITTEE FOR POLITICAL AFFAIRS

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. ROBB FOR SENATE 6127 CHAIN BRIDGE RD MCLEAN, VA 22101	SENATE VA Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-9-94	1500.00
B. FRIENDS OF ALAN WHEAT 3612 EAST 63RD ST KANSAS CITY, MO 64133	Purpose of Disbursement HOUSE MO DIST Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3-15-94	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement 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 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 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 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 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 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 Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 2500.00

TOTAL This Period (last page this line number only) 5033.45

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 4-20-94
☐	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

4-23-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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