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)
STOP THE ARMS RACE PAC

ADDRESS (number and street) ☐ Check if different than previously reported
c/o JOHN SCHMACKER CPA

CITY, STATE and ZIP CODE
857 17TH ST
DES MOINES IA 50314-1127

2. FEC IDENTIFICATION NUMBER
C00126086

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

FEC MAIL ROOM ISSUE ROOM 01 FEB '97

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 _____ through _____		
6. (a)	Cash on Hand January 1, 19 96		$ 738.77
(b)	Cash on Hand at Beginning of Reporting Period	$ 416.49	
(c)	Total Receipts (from Line 19)	$ 3390.00	$ 12922.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3806.45	$ 13660.77
7.	Total Disbursements (from Line 30)	$ 3573.96	$ 13428.28
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 232.49	$ 232.49
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)	$ 2900.00	

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 SCHMACKER

Signature of Treasurer John Schmacker Date 1/29/97

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)

FE5AN100

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

(revised 1/1/91)

NAME OF COMMITTEE: STOP THE ARMS RACE PAC

REPORT COVERING PERIOD FROM: 1/1/96 TO: 12/31/96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2980.00	2980.00	11(a)(i)
ii. Unitemized	200.00	4592.00	11(a)(ii)
iii. Total (add i and ii) ➤	3180.00	7572.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	3180.00	7572.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received	200.00	5350.00	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) ➤	3380.00	12922.00	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3380.00	12922.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share	6396	9928.28	21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made	3500.00	3500.00	26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	9896.96	13428.28	30
31. Total Federal Disbursements (subtract line 21c from line 30) ➤	9896.96	13428.28	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	3180.00	7572.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)	3180.00	7572.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	9896.96	13428.28	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	9896.96	13428.28	37

FE6AN135

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a

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)
STOP THE ARMS RACE PAC

	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code HAROLD WELLS Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: RETIRED Occupation: Aggregate Year-to-Date > $ 995.00	11/26/96	995.00
B. Full Name, Mailing Address and ZIP Code BOB DOLJ 1019 1/2 WEST ST DES MOINES IA 50315 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: DLS PRODUCTIONS Occupation: MANAGER Aggregate Year-to-Date > $ 995.00	11/26/96	995.00
C. Full Name, Mailing Address and ZIP Code CHARLES DAY 5325 BURR OAK DR JOHNSTON IA 50131 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: RETIRED Occupation: Aggregate Year-to-Date > $ 1000.00	11/26/96	1000.00
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) ..... > 2980.00

FEDAN135

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 23 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full): STOP THE ARMS RACE PAC

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
CHARLES DAY 5325 BURR OAK DR JOHNSTON IA 50131	650.00	200.00	450.00

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 12/29/92 Date Due DEMAND Interest Rate Ø %(apr) NO

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
CHARLES DAY 5325 BURR OAK DR JOHNSTON IA 50131	650.00		650.00

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 9/28/94 Date Due DEMAND Interest Rate Ø %(apr) Secured NO

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) 1100.00

TOTALS This Period (last page in this line only) 1100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. Find Schedule D, carry forward to appropriate line of Summary.

FE6AN003

SCHEDULE C
(Revised 3/80)

LOANS

Page 12 of 32 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full): STOP THE ARMS RACE PAC

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
CHARLES DAY 5325 QUARR OAK DR JOHNSTON IA 50131	1150.00	-0-	1150.00

Election: ☐ Primary ☒ General ☐ Other (specify)

Terms: Date Incurred 11/13/86 Date Due DEMAND Interest Rate 0 % (yr)

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
ELOISE CRANICE 2222 E 41ST. ST DES MOINES IA 50317	500.00	-0-	500.00

Election: ☐ Primary ☒ General ☐ Other (specify)

Terms: Date Incurred 10/21/94 Date Due 10/21/97 Interest Rate 0 % (yr) Secured NO

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) 1650.00

TOTALS This Period (last page in this line only) 1650.00

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

SCHEDULE C
(Revised 3/80)

LOANS

Page 31 of 3 for
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (In Full): STOP THE ARMS RACE PAC

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
CHARLES DAY 5325 BURR OAK DR JOHNSTON, IA 50131	200.00		200.00

Election: ☐ Primary ☐ General ☐ Other (specify):

Terms: Date Incurred 11/26/96 Date Due DEMAND Interest Rate $ %(apr) ☐ Secured NO

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) .....

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

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

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 1-31-97
☐	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
	PREPARER	DATE PREPARED 3-4-97

FEC FORM 70-2 (12/92)