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)

(AHMPAC)
AMERICAN HOTEL MOTEL POLITICAL ACTION COMMITTEE

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

1201 New York Avenue, N.W., Sixth Floor

CITY, STATE and ZIP CODE

Washington, DC 20005-3931

2. FEC IDENTIFICATION NUMBER

C00001198

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

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	[x] 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 [x] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/94 through 7/31/94		
6. (a) Cash on Hand January 1, 19 94		$ 23,951.90
(b) Cash on Hand at Beginning of Reporting Period	$ 15,026.78	
(c) Total Receipts (from Line 19)	$ 3,611.51	$ 42,448.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 18,638.29	$ 66,400.79
7. Total Disbursements (from Line 32)	$ 8,729.50	$ 56,492.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6d)	$ 9,908.79	$ 9,908.79
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 D. Gebrisch, Ass't. Secy. Treasurer

Signature of Treasurer: Michael D. Gebrisch

Date: 8-8-94

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 1/1/91)

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

(revised 10/91)

NAME OF COMMITTEE
AMERICAN HOTEL MOTEL POLITICAL ACTION COMM. (AHMPAC)

REPORT COVERING PERIOD
FROM 7/1/94 TO 7/31/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	1,000.00	11,819.00
i. Itemized (use Schedule A)		
ii. Unitemized	2,580.00	30,400.00
iii. Total (add i and ii) ➤	3,580.00	42,219.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	3,580.00	42,219.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	31.51	229.89
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3,611.51	42,448.89
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3,611.51	42,448.89
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	59.50	72.00
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	59.50	72.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,650.00	55,400.00
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	20.00	20.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add c, b and c) ➤	20.00	20.00
29. Other Disbursements	1,000.00	1,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8,729.50	56,492.00
31. Total Federal Disbursements (subtract line 21a ii from line 30) ➤	8,729.50	56,492.00
III. Net Contributions Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	3,580.00	42,219.00
33. Total Contribution Refunds (from line 28d)	20.00	20.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	3,560.00	42,199.00
35. Total Federal Operating Expenditures (add 21a ii and 21b) ➤	59.50	72.00
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	59.50	72.00

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)

AMERICAN HOTEL MOTEL POLITICAL ACTION COMMITTEE (AHMPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Crestar Bank 1445 New York Avenue, NW. Washington, DC 20005		7/31/94	$31.51
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) . . . . . >

TOTAL This Period (last page this line number only) . . . . . > $31.51

9 2 0 3 7 1 6 1 6 5 2

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1	Of 1
	For Line Number 11a(i)	

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NAME OF COMMITTEE (In Full)
Amer. Hotel Motel PAC

Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Maurice E Lewis Arkansas Hospitality Assn. P.O. Box 1556 Little Rock, AR 72203	Arkansas Hospitality Association	07/12/94	250.00
Fundraising Period: X	Occupation Trade Association Exec. Aggregate Year To Date> $ 250.00		
Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Linus Raines Excelsior Hotel Markham & Louisiana Sts. Little Rock, AR 72201	Excelsior Hotel	07/12/94	250.00
Fundraising Period: X	Occupation Hotelier Aggregate Year To Date> $ 250.00		
Full Name ,Mailing Address and Zip Code	Name of Employer	Date(month, day, year)	Amount of Each Receipt This Period
Gene Rupnik CHA 3000 Stevenson Drive Springfield, IL 62703	Days Inn	07/21/94	500.00
Fundraising Period: X	Occupation Hotelier Aggregate Year To Date> $ 500.00		

SUBTOTAL of Receipts This Page (optional) ----------> 1000.00

TOTAL This Period(last page this line number only)----------> 1000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 21(b)

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NAME OF COMMITTEE (In Full)

American Hotel Motel Political Action Committee (AHMPAC)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC	Bank Charge -- FDIC Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/31/94	1.50
B. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC	Bank Charge-Stop Payment Senator Simpson Check Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/29/94	$25.00
C. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC	Bank Check Returned Deposit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/29/94	$4.00
D. Full Name, Mailing Address and ZIP Code Crestar Bank Washington, DC	Bank Charge-Returned Deposit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/31/94	$4.00
E. Full Name, Mailing Address and ZIP Code D.C. Treasurer Washington, DC	DC Taxes-1994 Public Safety Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/31/94	$25.00
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)	$59.50

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
American Hotel Motel Political Action Committee (AHMPAC)

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. Charles E. Schumer for Congress 1211 Conn. Ave., NW, #700 Washington, DC 20036	Cong. Charles Schumer D-NY-9th District	7/13/94	$500.00
B. Friends of Conrad Burns 2900 First Avenue, North Billings, MT 59101	Senator Conrad Burns R-MT-Senate	7/13/94	$500.00
C. Rangel for Congress Committee 2030 Allen Place, NW Washington, DC 20009	Cong. Charles Rangel D-NY-15th District	7/19/94	$500.00
D. Friends of Bob Carr PO Box 1552 East Lansing, MI 48826	Congressman Bob Carr D-MI-8th District	7/20/94	$500.00
E. Alan Simpson The Simpson Senate Committee PO Box 2775 Cody, WY 82424	Senator Alan Simpson R-WY-Senate	7/22/94	$1,500.00*
F. The Simpson Senate Committee PO Box 2775 Cody, WY 82424	Senator Alan Simpson R-WY-Senate	4/26/94 Check lost in the mails. Reissued 7/22/94)*	($1,500)
G. Weldon for Congress Committee 234 Finnegan Drive Millersville, MD 21108	Cong. Curt Weldon R-PA-7th District	7/11/94	$350.00
H. David McIntosh for Congress 419 South Walnut Muncie, IN 47305	Mr. David McIntosh R-IN-2nd Dist.-Candidate	7/28/94	$300.00
I. Friends of Dick Lugar 8465 Keystone Crossing, #200 Indianapolis, IN 46240	Senator Richard Lugar R-IN-Senate	7/26/94	$500.00

SUBTOTAL of Disbursements This Page (optional) $3,150.00

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

PAGE 2 OF 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Hotel Motel PAC (AHMPAC)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Citizens Comm. for Ernest Hollings PO Box 65271 Washington, DC 20035	Senator Ernest F. Hollings D-SC-Senate Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/7/94	$500.00
B. Bilbray for Congress Comm. PO Box 70491 Washington, DC 20024-0491	Congressman Jim Bilbray D-NV-1st Disrict Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/26/94	$500.00
C. Jeffords for Vermont PO Box 246 Montpelier, VT 05601	Senator Jim Jeffords R-VT-Senate Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/21/94	$500.00
D. Friends of Jim Saxton PO Box 795 Mt. Holly, NJ 08060	Cong. Jim Saxton R-NJ-3rd District Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/22/94	$350.00
E. Joe Skeen for Congress, Inc. PO Box 16494 Alexandria, VA 22302	Cong. Joe Skeen R-NM-1st District Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/26/94	$500.00
F. McCarthy for Congress 4049 Pennsylvania, Suite 100 Kansas City, MO 64111	Karen McCarthy-Candidate D-MO-5th Dist.-Candidate Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/6/94	$500.00
G. Schiff for Congress PO Box 25185 Albuquerque, NM 87125	Cong. Steve Schiff R-NM- st District Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/26/94	$500.00
H. Toby Roth for Congress in '94 PO Box 2673 Appleton, WI 54913-9957	Cong. Toby Roth R-WI-8th District Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/7/94	$500.00
I. Friends of Tom Bevill PO Box 1453 Jasper, AL 35502	Cong. Tom Bevill D-AL-4th District Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/28/94	$300.00

SUBTOTAL of Disbursements This Page (optional) $4,150.00

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 3

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

American Hotel Motel Political Action Committee (AHMPAC)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Wes Cooley for Congress PO Box 115 Powell Butte, OR 97753	Mr. Wes Cooley R-OR-2nd Dist.-Candidate Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/21/94	$350.00
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)	$350.00
TOTAL This Period (last page this line number only)	$7,650.00

9 4 0 3 9 1 6 0 6 7

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

American Hotel Motel Political Action Committee (AHMPAC)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of Mario Cuomo 845 Third Avenue, Second Floor New York, NY 10022	Governor Mario Cuomo D-NY-Governor Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	7/26/94	$1,000.00
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)			$1,000.00

9 4 0 3 1 6 0 5 5 8

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 8-8-91
☐	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

AB. 8-9-91

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)

24031160569