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): TCF PAC

ADDRESS (number and street) ☐ Check if different than previously reported: 701 Nicollet Ave

CITY, STATE and ZIP CODE: Minneapolis MN 55402

FEB 4 11 19 AM '94

2. FEC IDENTIFICATION NUMBER: C C C 2 1 8 2 6 3

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 1.1.93 through 12.31.93		
6. (a) Cash on Hand January 1, 1993		$ 6,166.29
(b) Cash on Hand at Beginning of Reporting Period	$ 5,391.95	
(c) Total Receipts (from Line 19)	$ 1,831.40	$ 3,674.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 7,223.35	$ 9,840.32
7. Total Disbursements (from Line 30)	$ 425.00	$ 3,035.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 6,798.35	$ 6,798.35
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: Douglas L Young

Signature of Treasurer: Douglas L Young

Date: 1.27.94

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)

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

(revised 1/1/91)

NAME OF COMMITTEE: TCF PAC

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

		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)	1,500.00	3,600.00
	ii. Unitemized		
	iii. Total (add i and ii) ➤	1,500.00	3,600.00
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contributions (add a iii, b and c) ➤	1,500.00	3,600.00
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.)	33.40	74.03
18	Transfers from Nonfederal Account for Joint Activity		
19	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,533.40	3,674.03
20	Total Federal Receipts (subtract line 18 from line 19) ➤	1,533.40	3,674.03
	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		10.97
	c. Total Operating Expenditures (add a i, a ii, and b) ➤		10.97
22	Transfers to Affiliated/Other Party Committees		
23	Contributions to Federal Candidates/Committees and Other Political Committees	425.00	3,025.00
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		
	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) ➤	425.00	3,035.97
31	Total Federal Disbursements (subtract line 21 a ii from line 30) ➤		
	III. Net Contributions/Operating Expenditures		
32	Total Contributions (other than loans)(from line 11d)	1,500.00	3,600.00
33	Total Contribution Refunds (from line 28d)		
34	Net Contributions (other than loans)(subtract line 33 from 32)	1,500.00	3,600.00
35	Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		10.97
36	Offsets to Operating Expenditures (from line 15)		
37	Net Operating Expenditures (subtract line 36 from 35) ➤		10.97

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a1

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): Tom Pitt

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Rose Albright, 1041 Lake Drive, Poughkeepsie NY 12603	Retired	8-16-93	200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation	11-13-93	200.00
	Aggregate Year-to-Date > $ 800.00		
B. Full Name, Mailing Address and ZIP Code: Donald L. May, 1111 Avenue of the Americas, Suite 1600, New York NY 10036	Name of Employer: Retired	Date (month, day, year): 8-16-93	Amount of Each Receipt this Period: 200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation	11-13-93	200.00
	Aggregate Year-to-Date > $ 800.00		
C. Full Name, Mailing Address and ZIP Code: Thomas McCough, 1133 Broadway Street, New York NY 10003	Name of Employer: McCough Construction	Date (month, day, year): 8-16-93	Amount of Each Receipt this Period: 250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Exec VP	11-13-93	250.00
	Aggregate Year-to-Date > $ 1000.00		
D. Full Name, Mailing Address and ZIP Code: Prentice Townsley, 10 East 39th Street, 12th Floor, New York, NY 10021	Name of Employer: The Continental Board	Date (month, day, year): 8-16-93	Amount of Each Receipt this Period: 250.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: President	11-13-93	250.00
	Aggregate Year-to-Date > $ 1000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Occupation		
	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
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 1,500.00

TOTAL This Period (last page this line number only) > 1,500.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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)

TCF PAC

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Volunteers for Health PO Box [illegible] St Louis, MO 63101	[illegible] Disbursement for: Primary ☒ General ☐ Other (specify)	10 [illegible]	$300.00
B. Fox Lyons for Health 1-1 [illegible] PO Box [illegible] St Paul, MN 55168	[illegible] Disbursement for: ☒ Primary ☐ General ☐ Other (specify)	12-13-93	$125.00
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) 425.00

TOTAL This Period (last page this line number only) 425.00

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
☑	Registered/Certified Mail	POSTMARKED 1-27-94
☐	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

JMK
PREPARER

2-6-94
DATE PREPARED

FEC FORM 70-2 (12/92)