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)
UNITED STATES SUGAR CORPORATION - EMPLOYEE STOCK OWNERSHIP PLAN - POLITICAL ACTION COMMITTEE, INC.

ADDRESS (number and street) ☐ Check if different than previously reported
111 PONCE DE LEON AVENUE

CITY, STATE and ZIP CODE
CLEWISTON, FLORIDA 33440

DEC 15 11 16 AM '95

2. FEC IDENTIFICATION NUMBER
C 00234120

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 11-1-95 through 11-30-95		
6. (a) Cash on Hand January 1, 19 95		$ 47,757.07
(b) Cash on Hand at Beginning of Reporting Period	$ 17,255.80	
(c) Total Receipts (from Line 19)	$ 7,088.30	$ 27,085.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 24,344.10	$ 74,842.94
7. Total Disbursements (from Line 30)	$ 7,000.00	$ 57,498.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 17,344.10	$ 17,344.10
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

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
STEPHEN V. COFFMAN

Signature of Treasurer

Date
12-11-95

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)

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

(revised 1/1/91)

NAME OF COMMITTEE UNITED STATES SUGAR CORPORATION-EMPLOYEE STOCK OWNERSHIP PLAN-POLITICAL ACTION COMMITTEE, INC.

REPORT COVERING PERIOD FROM 11-1-95 TO: 11-30-95

	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)	4,980.45	6,214.35	11(a.
ii. Unitemized	2,070.68	20,028.22	11(a.
iii. Total (add i and ii) ➤	7,051.13	26,242.57	11(a.
b. Political Party Committees	–	–	11(b.
c. Other Political Committees (such as PACs)	–	–	11(c.
d. Total Contributions (add a iii, b and c) ➤	7,051.13	26,242.57	11(d
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.)	37.17	843.30	17
18. Transfers from Nonfederal Account for Joint Activity	–	–	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	7,088.30	27,085.87	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	7,088.30	27,058.87	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	–	–	21(a.
ii. Non-Federal Share	–	–	21(a
b. Other Federal Operating Expenditures	–	748.84	21(b
c. Total Operating Expenditures (add a i, a ii, and b) ➤	–	748.84	21(c
22. Transfers to Affiliated/Other Party Committees	–	–	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,000.00	56,750.00	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	–	–	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) ➤	7,000.00	57,498.84	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	7,000.00	57,498.84	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,051.13	26,242.57	32
33. Total Contribution Refunds (from line 28d)	–	–	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,051.13	26,242.57	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	–	748.84	35
36. Offsets to Operating Expenditures (from line 15)	–	–	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	–	748.84	37

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SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE: UNITED STATES SUGAR CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE, INC. C00234120

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
ROBERT C ADAMS P. O. BOX 522 810 NORTH LOPEZ STREET CLEWISTON ,FL 33440 OCCUPATION: DIR. UTILITIES AGGREGATE YEAR-TO-DATE: $330.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$30.00 ($30.00 PER PAY PERIOD)
HENRY J ANDREIS 1012 PALMETTO ST. CLEWISTON ,FL 33440 OCCUPATION: SR. V. P., RESEARCH AGGREGATE YEAR-TO-DATE: $800.00	U.S. SUGAR CORP.	11/20/1995	$800.00
WAYNE BEARDSLEY 125 W. DEL MONTE CLEWISTON ,FL 33440 OCCUPATION: GEN. MANAGER AGGREGATE YEAR-TO-DATE: $200.00	U.S. SUGAR CORP.	11/20/1995	$200.00
AUGUSTO M BLANCHARD 973 S. E. 2ND STREET BELLE GLADE ,FL 33430 OCCUPATION: CHIEF ENGINEER AGGREGATE YEAR-TO-DATE: $220.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$20.00 ($20.00 PER PAY PERIOD)
JOHN N BRADY 1021 PONCE DE LEON AVE. CLEWISTON ,FL 33440 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: $220.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$20.00 ($20.00 PER PAY PERIOD)
MURRAY T BRINSON 102 RIDGEWOOD AVEN CLEWISTON ,FL 33440 OCCUPATION: V.P., SUGAR HOUSE AGGREGATE YEAR-TO-DATE: $200.00	U.S. SUGAR CORP.	11/21/1995	$200.00

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NAME OF COMMITTEE: UNITED STATES SUGAR CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE, INC. C00234120

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
ROBERT H BUKER, JR. 228 E. ARCADE AVE. CLEWISTON ,FL 33440 OCCUPATION: SR. V.P. AGGREGATE YEAR-TO-DATE: $500.00	U.S. SUGAR CORP.	11/29/1995	$500.00
ROBERT V COCHRAN 545 WEST EL PASO CLEWISTON ,FL 33440 OCCUPATION: CHF. ELECTRICIAN AGGREGATE YEAR-TO-DATE: $220.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$20.00 ($20.00 PER PAY PERIOD)
ROBERT E COKER 108 RIDGEWOOD AVE. CLEWISTON ,FL 33440 OCCUPATION: VICE PRESIDENT AGGREGATE YEAR-TO-DATE: $275.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$25.00 ($25.00 PER PAY PERIOD)
ROBERT W CULBERSON 204 DESOTO AVE. CLEWISTON ,FL 33440 OCCUPATION: AST TRS.& RSK MG AGGREGATE YEAR-TO-DATE: $220.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$20.00 ($20.00 PER PAY PERIOD)
NELSON FAIRBANKS P. O. BOX 1207 CLEWISTON ,FL 33440 OCCUPATION: PRESIDENT AGGREGATE YEAR-TO-DATE: $400.00	U.S. SUGAR CORP.	11/17/1995	$400.00
GREGORY C FORD 267 CALOOSA ESTATES DRIVE LABELLE ,FL 33935 OCCUPATION: DIR. I/A & EX/PJ AGGREGATE YEAR-TO-DATE: $440.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$40.00 ($40.00 PER PAY PERIOD)

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LINE NUMBER: 11(a)(i)

SCHEDULE A ITEMIZED RECEIPTS

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EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE,INC. C00234120

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
DAVID G HOLDER 1035 PALMETTO ST CLEWISTON ,FL 33440 OCCUPATION: 1ST ASST.-RESEARCH AGGREGATE YEAR-TO-DATE: $300.00	U.S. SUGAR CORP.	11/20/1995	$300.00
EUGENE G HOLLON 2543 BACOM PT. RD. PAHOKEE ,FL 33476 OCCUPATION: FOREMAN AGGREGATE YEAR-TO-DATE: $220.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$20.00 ($20.00 PER PAY PERIOD)
ORVELL L HOWARD 902 BANYAN STREET CLEWISTON ,FL 33440 OCCUPATION: DIR. ENG. SURVEY AGGREGATE YEAR-TO-DATE: $275.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$25.00 ($25.00 PER PAY PERIOD)
MARION F JONES 243 WEST DEL MONTE CLEWISTON ,FL 33440 OCCUPATION: DIR. ENG. PLAN. AGGREGATE YEAR-TO-DATE: $330.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$30.00 ($30.00 PER PAY PERIOD)
TERRY L KESTER 4070 RAINBOW CIRCLE LA BELLE ,FL 33935 OCCUPATION: MGR. COMP. OPER. AGGREGATE YEAR-TO-DATE: $220.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$20.00 ($20.00 PER PAY PERIOD)
LARRY A LISENBY P. O. BOX 283 CLEWISTON ,FL 33440 OCCUPATION: ASST. SUPV. HARV. AGGREGATE YEAR-TO-DATE: $300.00	U.S. SUGAR CORP.	11/22/1995	$300.00

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EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE,INC. C00234120

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
MICHAEL L MAZZINA 300 W. AVENIDA DEL RIO CLEWISTON ,FL 33440 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: $275.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$25.00 ($25.00 PER PAY PERIOD)
JOHN T MCCALLUM P. O. BOX 265 CLEWISTON ,FL 33440 OCCUPATION: TREASURER AGGREGATE YEAR-TO-DATE: $200.00	U.S. SUGAR CORP.	11/20/1995	$200.00
JOHN R METZ 324 DESOTO AVENUE CLEWISTON ,FL 33440 OCCUPATION: TRAFFIC MANGER AGGREGATE YEAR-TO-DATE: $275.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$25.00 ($25.00 PER PAY PERIOD)
MAGIN PEREZ P. O. BOX 871 312 DESOTO AVENUE CLEWISTON ,FL 33440 OCCUPATION: MGR.ENG.DES/SADM AGGREGATE YEAR-TO-DATE: $257.95	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$23.45 ($23.45 PER PAY PERIOD)
JORGE L RIVAS 1005 PALMETTO ST. BELLE GLADE ,FL 33440 OCCUPATION: ASST.SUPT.HARV. AGGREGATE YEAR-TO-DATE: $220.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$20.00 ($20.00 PER PAY PERIOD)
WALTER G SMITH P. O. BOX 1010 CLEWISTON ,FL 33935 OCCUPATION: DIRECTOR AGGREGATE YEAR-TO-DATE: $242.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$22.00 ($22.00 PER PAY PERIOD)

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EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE,INC. C00234120

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
CHRISTOPHER C SOUD 152 DAVID STREET LABELLE ,FL 33935 OCCUPATION: 1ST ASST. TO VP AGGREGATE YEAR-TO-DATE: $275.00	U.S. SUGAR CORP.	11/30/1995	$25.00
WOODROW W STORY, JR. 602 RIDGEVIEW CR. CLEWISTON ,FL 33440 OCCUPATION: ASST SUPT PLANT. AGGREGATE YEAR-TO-DATE: $220.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$20.00 ($20.00 PER PAY PERIOD)
JAMES E TERRILL 1045 PALMETTO ST CLEWISTON ,FL 33440 OCCUPATION: EXECUTIVE, V.P. AGGREGATE YEAR-TO-DATE: $600.00	U.S. SUGAR CORP.	11/17/1995	$600.00
JAMES C WALL P. O. BOX 1675 605 SAGINAW AVE. CLEWISTON ,FL 33440 OCCUPATION: DIR.ACCT & ASST/ AGGREGATE YEAR-TO-DATE: $275.00	U.S. SUGAR CORP.	MONTHLY PAYROLL DEDUCTION	$25.00 ($25.00 PER PAY PERIOD)
CHARLES WILSON 1601 SE AVENUE, K PLACE BELLE GLADE ,FL 33430 OCCUPATION: ADMIN. MANAGER AGGREGATE YEAR-TO-DATE: $700.00	U.S. SUGAR CORP.	11/21/1995	$700.00

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SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE: UNITED STATES SUGAR CORPORATION
EMPLOYEE STOCK OWNERSHIP PLAN
POLITICAL ACTION COMMITTEE,INC. C00234120

FULL NAME, MAILING ADDRESS AND ZIP	NAME OF EMPLOYER	DATE	AMOUNT OF EACH RECEIPT THIS PERIOD
LAWRENCE D WORTH P. O. BOX 334 CLEWISTON ,FL 33440 OCCUPATION: V.P., ENGINEERING AGGREGATE YEAR-TO-DATE: $300.00	U.S. SUGAR CORP.	11/21/1995	$300.00
WILLIAM WRIGHT, JR. P.O. BOX 983 CLEWISTON ,FL 33440 OCCUPATION: EQUIP. OP. 1/C AGGREGATE YEAR-TO-DATE: $205.00	U.S. SUGAR CORP.	WEEKLY PAYROLL DEDUCTION	$25.00 ($5.00 PER PAY PERIOD)

TOTAL OF INDIVIDUAL CONTRIBUTIONS FOR THIS REPORTING PERIOD WHICH ARE GREATER THAN OR EQUAL TO $200.00 . $4,980.45

TOTAL OF INDIVIDUAL CONTRIBUTIONS FOR THIS REPORTING PERIOD WHICH ARE LESS THAN $200.00 . $2,070.68

GRAND TOTAL FOR REPORTING PERIOD 11/01/1995 THRU 11/30/1995 $7,051.13

GRAND TOTAL FOR THE YEAR (ALL EMPLOYEES): $26,242.57

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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) UNITED STATES SUGAR CORPORATION-EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTON COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FIRST BANK OF CLEWISTON P. O. BOX 1237 CLEWISTON, FL 33440	[INTEREST RECEIVED FROM HI-FI ACCOUNT]	11-30-95	$37.17
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $ 843.30		

B. 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 > $		

C. 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 > $		

D. 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 > $		

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) .....

TOTAL This Period (last page this line number only) $37.17

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full) UNITED STATES SUGAR CORPORATION-EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTON COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE/ 430 SOUTH CAPITOL STREET, S. E. WASHINGTON, D. C. 20003	CONTRIBUTION TO DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE Disbursement for: Primary General Other (specify)	11-1-95	$2,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
ALCEE HASTINGS FOR CONGRESS 1039 LONGWORTH HOUSE OFFICE BUILDING WASHINGTON, D. C. 20515	CONTRIBUTION: ALCEE HASTINGS (23/FL-D) U. S. HOUSE Disbursement for: C Primary General Other (specify)	11-14-95	$1,250.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		

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

TOTAL This Period (last page this line number only) $3,250.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full) UNITED STATES SUGAR CORPORATION-EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTON COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GLEN BROWDER FOR CONGRESS COMMITTEE 2344 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, D. C. 20515	CONTRIBUTION: GLEN BROWDER (3/AL-D) U.S. HOUSE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-21-95	$500.00
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) $500.00

95030103755

4-00123

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full) UNITED STATES SUGAR CORPORATION-EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTON COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LONGLEY FOR CONGRESS 226 CANNON HOUSE OFFICE BUILDING WASHINGTON, D. C. 20515	CONTRIBUTION: JIM LONGLEY (1/ME-R) U.S. HOUSE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-21-95	$500.00
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) $500.00

4-00173

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
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NAME OF COMMITTEE (In Full) UNITED STATES SUGAR CORPORATION-EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTON COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BEN CARDIN FOR CONGRESS 104 CANON HOUSE OFFICE BUILDING WASHINGTON, D. C. 20515	CONTRIBUTION: BEN CARDIN (3/MD-D) U.S. HOUSE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-21-95	$500.00
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)	$500.00

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-00173

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) UNITED STATES SUGAR CORPORATION-EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTON COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PETERSON FOR CONGRESS 1314 LONGWORTH HOUSE OFFICE BUILDING WASHINGTON, D. C. 20515	CONTRIBUTION: COLLIN PETERSON (7/MN-D) U.S. HOUSE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-21-95	$500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
FRIENDS OF JIM OBERSTAR 2366 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, D. C. 20525	CONTRIBUTION: JIM OBERSTAR (8/MN-D) U.S. HOUSE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-21-95	$500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) $1,000.00

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4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full) UNITED STATES SUGAR CORPORATION-EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTON COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DUNCAN FOR CONGRESS 2400 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, D. C. 20515	CONTRIBUTION: JOHN DUNCAN, JR. (2/TN-R) U.S. HOUSE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-21-95	$500.00
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
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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) $500.00

95030103759

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full) UNITED STATES SUGAR CORPORATION-EMPLOYEE STOCK OWNERSHIP PLAN POLITICAL ACTON COMMITTEE, INC.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PAXON FOR CONGRESS 2436 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, D. C. 20525	CONTRIBUTION: BILL PAXON (27/NY-R) U.S. HOUSE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-21-95	$250.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
LOUISE SLAUGHTER RE-ELECTION COMMITTEE 2347 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, D. C. 20525	CONTRIBUTION: LOUISE SLAUGHTER (28/NY-D) U.S. HOUSE Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11-21-95	$500.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) $750.00

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4-00173

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 12-13-95
☐	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

HEH — PREPARER

12-15-95 — DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 0 1 0 3 7 6 1